2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2004 8:00 am Secretary of State **DOCUMENT # 766546** 1. Entity Name 04-02-2004 90031 030 ****61.25 LAKE WALES CHURCH OF THE NAZARENE, INC. Mailing Address Principal Place of Business 101 E JOHNSON AVE LAKE WALES FL 33853 101 E JOHNSON AVE LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-2369896 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Charles HUFF, LEONARD Street Address (P.O. Box Number is Not Acceptable) 2838 MASTERPIECE ROAD LAKE WALES FL 33853 Zip Code HAINES 3384-CITY 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE Change ☐ Addition TITLE FRANCIS, GENE Thompson Bob 101 E Johnson AVE NAME NAME 131 E. JOHNSON AVENUE STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FI Delete Change ☐ Addition HUFF, VIVIAN NAME STEADMAN, LINDA 2838 MASTERPIECE ROAD 247 15T AUE SO STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 AKE WAIES FI CITY-ST-ZIP CITY-ST-ZIP **⊠** Delete TITLE TITLE Change ☐ Addition HETHERINGTON, LUELLA HUFF LEONARD NAME NAME APT. 31F-BOX 6073 2838 MASTER PIECE STREET ADDRESS STREET ADDRESS NALCREST FL 33856 CITY-ST-ZIP CITY-ST-ZIP 33853 L'AKE WATES TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adoress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED