

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 18, 2007 8:00 am
Secretary of State**

04-18-2007 90195 023 ****61.25

40068478



01172007 Chg-NP CR2E037 (12/06)

DOCUMENT # 768307		
1. Entity Name BAYSHORE CHURCH OF THE NAZARENE, INC.		

Principal Place of Business 2311 57TH AVE. W. BRADENTON, FL 34207 US	Mailing Address 2311 57TH AVE. W. BRADENTON, FL 34207 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
BRAMMER, MAX J 12040 14TH AVE EAST BRADENTON, FL 34212		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State												
10. OFFICERS AND DIRECTORS														
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERRY, GENE W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>808 53RD AVE E. 183J</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRADENTON, FL 34203</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	BERRY, GENE W		STREET ADDRESS	808 53RD AVE E. 183J		CITY-ST-ZIP	BRADENTON, FL 34203		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address, with all other like empowered.

SIGNATURE: Max Brammer MAX. J. BRAMMER 04/15/07 (941) 747-0308
I SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #