

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90105 021 *****61.25

[REDACTED]

DO NOT WRITE IN THIS SPACE

DOCUMENT # 771196

1. Entity Name

MARGATE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

6209 N.W. 18TH STREET
MARGATE FL 33063

Mailing Address

6209 N.W. 18TH STREET
MARGATE FL 33063

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1811342

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONNELLY, MARK
6209 N.W. 18TH STREET
MARGATE FL 33063

7. Name and Address of New Registered Agent

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

J. MARK DONNELLY

7-28-02

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

DATE

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

COD

DONNELLY, MARK

6473 N.W. 20TH STREET

MARGATE FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

SOD

TROMBLEE, JAN

4344 NW 67TH WAY

CORAL SPRINGS FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TD

REICHHERT, TAMI

6106 ROYAL PALM BLVD

POMPANO BEACH FL 33063

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

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 address, with all other like empowered.

SIGNATURE:

TAMI REICHHART

7-28-02

(954) 979-7059