## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#771196** 

FILED Jan 04, 2007 Secretary of State

Entity Name: SHEMA CHRIST FELLOWSHIP CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

6473 N.W. 20TH STREET MARGATE, FL 33063

FEI Number: 59-1811342 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONNELLY, JOHN-MARK PASTOR 6209 N.W. 18TH STREET MARGATE, FL 33063 US

**OFFICERS AND DIRECTORS:** 

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## Electronic elginatare el regioter

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DONNELLY, JOHN-MARK PASTOR
 Name:

 Address:
 6473 N.W. 20TH STREET
 Address:

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:

Title: SOD ( ) Delete Title: SOD (X) Change ( ) Addition

 Name:
 CLOUTIER, LILLIAN SSD
 Name:
 GRIFFITH, KANDY SSD

 Address:
 10690 EMBER ST.
 Address:
 6516 NW 9TH ST.

 City-St-Zip:
 BOCA RATON, FL 33428
 City-St-Zip:
 MARGATE, FL 33063

Title: () Delete Title: (X) Change ( ) Addition REICHHART, TAMI TREAS HODGES, JACKIE TREAS Name: Name: 19502 COLORADO CIRCLE 6160 ROYAL PALM BLVD. Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MARK DONNELLY PAST 01/04/2007