

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003682

FILED
Apr 26, 2006
Secretary of State

Entity Name: POINCIANA ALABASTER CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

665 N. DELMONTE CT.
KISSIMMEE, FL 34758

New Principal Place of Business:

105 E CYPRESS ST.
KISSIMMEE, FL 34741

Current Mailing Address:

665 N. DELMONTE CT.
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 59-3628613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLANO, CLAUDE PASTOR
665 N. DELMONTE CT.
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOLANO, CLAUDE
Address: 665 N. DELMONTE CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: ST () Delete
Name: SOLANO, RABIAH
Address: 665 N. DELMONTE CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: T () Delete
Name: SOLANO, SUSAN
Address: 665 N. DELMONTE CT.
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOLANO, CLAUDE PASTOR
Address: 665 N. DELMONTE CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: SEC (X) Change () Addition
Name: SOLANO, RABIAH
Address: 665 N. DELMONTE CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: TRES (X) Change () Addition
Name: SOLANO, SUSAN
Address: 665 N. DELMONTE CT.
City-St-Zip: KISSIMMEE, FL 34758

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: CLAUDE SOLANO

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date