

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003682

FILED  
Jan 18, 2007  
Secretary of State

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

**Current Principal Place of Business:**

105 E CYPRESS ST.  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**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 PASTOR  
Address: 665 N. DELMONTE CT.  
City-St-Zip: KISSIMMEE, FL 34758

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

DIR

01/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date