


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000004200 1. Entity Name NAZARETH HOLINESS FULL GOSPEL CHURCH OF GOD, INC.	
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Principal Place of Business 401 S.E. 18TH ST. CAPE CORAL, FL 33990	Mailing Address 401 S.E. 18TH ST. CAPE CORAL, FL 33990
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04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3740149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, LORNA D
401 S.E. 18TH ST.
CAPE CORAL, FL 33990

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, LORNA D 401 S.E. 18TH ST. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, GAYMORE 401 S.E. 18TH ST. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, SHEILA 146-11 223RD ST. ROSEDALE, NY 11422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, EVADNEY 1040 NEILSON ST., #1G FAR ROCKAWAY, NY 11691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, R 2018 BARON AVE. ELMONT, NY 11003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACROFT, OSBOURN 231ST STRET LAURELTON, NY 11413

1100000810536
04/18/05-30006-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Lorna D Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-05

Date

Daytime Phone #