


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90204 023 ****61.25

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| 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. 1509 S.E. 25TH AVE CAPE CORAL, FL 33990 CAPE CORAL FL 33904 | Mailing Address 401 S.E. 18TH ST. 301 S.E. 17TH TERRACE CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 |
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01182006 No Chg-NP CR2E037 (11/05)

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

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| 6. Name and Address of Current Registered Agent HARRIS, LORNA D PATRICIA L BRYAN 401 S.E. 18TH ST. 301 S.E. 17TH TERRACE CAPE CORAL, FL 33990 CAPE CORAL FL 33990 |
|---|

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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 Patricia L Bryan DATE 4-15-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | Accepted |
| NAME | PATRICIA L BRYAN |
| STREET ADDRESS | 401 S.E. 18TH ST. 301 S.E. 17TH TERRACE |
| CITY-ST-ZIP | CAPE CORAL, FL 33990 CAPE CORAL FL 33990 |
| TITLE | D |
| NAME | John McDonald |
| STREET ADDRESS | 1335 SE 44th ST |
| CITY-ST-ZIP | CAPE CORAL FL 33904 |
| TITLE | D |
| NAME | NEISSA HEWITT |
| STREET ADDRESS | 146-11 223RD ST. 623 WILLOWD Pkway |
| CITY-ST-ZIP | ROSEDALE, NY 11422 CAPE CORAL, FL 33904 |
| TITLE | D |
| NAME | FRANCIS, EVADNEY |
| STREET ADDRESS | 1040 NEILSON ST., #1G |
| CITY-ST-ZIP | FAR ROCKAWAY, NY 11691 |
| TITLE | D |
| NAME | BARRETO R Resigned. |
| STREET ADDRESS | 2018 BARON AVE. |
| CITY-ST-ZIP | ELMONT, NY 11003 |
| TITLE | D |
| NAME | LEACROFT, OSBOURN |
| STREET ADDRESS | 231ST STRETT |
| CITY-ST-ZIP | LAURELTON, NY 11413 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patricia L Bryan DATE 4-15-06 (239) 574-9838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #