



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90113 016 \*\*\*\*61.25

<b>DOCUMENT # N00000004200</b>					
<b>1. Entity Name</b> NAZARETH HOLINESS FULL GOSPEL CHURCH OF GOD, INC.					
<b>Principal Place of Business</b> 1941 SUNSET PLACE FORT MYERS, FL 33901			<b>Mailing Address</b> 301 S.E. 17TH TERRACE CAPE CORAL CAPE CORAL, FL 33990		
<b>2. Principal Place of Business - No P.O. Box #</b> 324 Nicholas Parkway Suite, Apt. #, etc. D		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Cape Coral, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 22-3740149	
<b>Zip</b> 33991		<b>Country</b> FL		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BRYAN, PATRICIA L 301 S.E. 17TH TERRACE CAPE CORAL, FL 33990			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE: _____ DATE: 4-10-08 <small>Signature, typed or printed name of registered agent; applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D FRANCIS, EVADNEY <input type="checkbox"/> Delete 1040 NEILSON ST., #1G FAR ROCKAWAY, NY 11691				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D LEACROFT, OSBOURN <input checked="" type="checkbox"/> Delete 231ST STRETT LAURELTON, NY 11413				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T HEWITT, NERISSA <input type="checkbox"/> Delete 623 WILDWOOD RD CAPE CORAL, FL 33904				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DRAGON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GERRY USHER 228 S.E. Santa Barbara Place CAPE CORAL, FL 33990				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> Patricia Bryan <span style="float: right;">4-10-08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					