

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008478

FILED
Mar 25, 2005
Secretary of State

Entity Name: BRIDGEWAY CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

421 LONGWOOD/LAKE MARY RD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

421 LONGWOOD/LAKE MARY RD
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3684188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, LARRY
285 SHADY OAKS CIRCLE
LAKE MARY, FL 32746 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: PT () Delete
Name: PRICE, NATHAN
Address: PO BOX 1131
City-St-Zip: ORLANDO, FL 32802

Title: SEC () Delete
Name: WHITMAN, DALE
Address: 409 SOUTH WINSOME COURT
City-St-Zip: LAKE MARY, FL 32746

Title: TREA () Delete
Name: STEVENS, SHARON
Address: 285 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: COOK, JEFFERY A
Address: 1217 CATHCART CIRCLE
City-St-Zip: SANFORD, FL 32771

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 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 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: SHARON STEVENS

TREA

03/25/2005

Electronic Signature of Signing Officer or Director

Date