

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2004  
Secretary of State**

DOCUMENT# N00877

Entity Name: WAGONER MEMORIAL NAZARENE CHURCH, INC.

**Current Principal Place of Business:**

2402 MUD LAKE RD.  
P.O. BOX 9101-WALDEN WOODS STATION  
PLANT CITY, FL 335679399

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3545  
P.O. BOX 9101-WALDEN WOODS STATION  
PLANT CITY, FL 335643545 US

**New Mailing Address:**

FEI Number: 59-2787022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORZINE, DON  
2109 W. SANDALWOOD N.  
PLANT CITY, FL 33566

**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: PPD ( ) Delete  
Name: CORZINE, DON  
Address: 2109 W SANDALWOOD DR N  
City-St-Zip: PLANT CITY, FL 33566

Title: ST ( ) Delete  
Name: ENGLISH, PHYLLIS  
Address: 1702 ENGLISH ACRES DR  
City-St-Zip: LITHIA, FL 33547

Title: TT ( ) Delete  
Name: CHEPULIS, CAROL  
Address: 915 RIDGE HAVEN DR.  
City-St-Zip: BRANDON, FL 33511

**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 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: DON CORZINE

CEO

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date