

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00877

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: PLANT CITY COMMUNITY CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

2402 MUD LAKE RD.  
PLANT CITY, FL 335679399

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3545  
P.O. BOX 3545-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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CORZINE, DON  
1403 SANDALWOOD DR.  
PLANT CITY, FL 33563 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: PPD ( ) Delete  
Name: CORZINE, DON REV.  
Address: 1403 SANDALWOOD DR.  
City-St-Zip: PLANT CITY, FL 33563 US

Title: ST ( ) Delete  
Name: ENGLISH, PHYLLIS MRS.  
Address: 3603 ADAMS FARM DR.  
City-St-Zip: LITHIA, FL 33547 US

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

Title: PPD ( ) Delete  
Name: LARSON, GARY MR.  
Address: 4931 CELIA CIR. W.  
City-St-Zip: LAKE LAND, FL 33813 US

Title: NMI ( ) Delete  
Name: MEIGHAN, MARY MISS  
Address: 104 CAPRI CT. SO.  
City-St-Zip: PLANT CITY, FL 33567 US

Title: NYI ( ) Delete  
Name: WOLFE, ROICE MR.  
Address: 3111 CAMPHOR DR.  
City-St-Zip: PLANT CITY, FL 33566 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated 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 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: DONALD R. CORZINE

Electronic Signature of Signing Officer or Director

REV.

07/09/2007

\_\_\_\_\_ Date