

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00877

FILED
Mar 23, 2009
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 ()

Name and Address of Current Registered Agent:

CORZINE, DONALD R REV
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: BRD. () Delete
Name: MORGAN, DICKINSON MR.
Address: 122 COUNTRY LANE
City-St-Zip: PLANT CITY, FL 33565 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: ENGLISH, PHYLLIS MRS.
Address: 3606 ADAMS FARM DR.
City-St-Zip: LITHIA, FL 33547 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:

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.

03/23/2009

_____ Date