


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000548 1. Entity Name HOPE IN CHRIST CHURCH OF THE NAZARENE, INC.	
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Principal Place of Business 1903 N MARKET ST JACKSONVILLE, FL 32206	Mailing Address PO BOX 9773 JACKSONVILLE, FL 32208
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04302004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3614693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHARLES, GIDEON 7207 FERMAMDINA BLVD. JACKSONVILLE, FL 32208

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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.

SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000147395 05/03/04-80105-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D CHARLES, GIDEON 7207 FERNANDINA AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY ST ZIP	SD HARRISON, LERLY 6330 BURGANDY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY ST ZIP	TD WEST, PATRICIA 6835 KING ARTHUR ROAD NORTH JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CHARLES, SYLMA 7207 FERNANDIA AVENUE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MACK, ELTON 2591 LONE AVENUE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:  GIDEON CHARLES	Date: 4/30/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	