## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001203

FILED Apr 19, 2004 Secretary of State

Entity Name: FIRST CHURCH OF THE NAZARENE PAHOKEE, INC.

AND PROPOSE FLOOR STATE STATE  Current Mailing Address:  New Mailing Address of New Registered () New Registered () New Registered () New Registered Agent:  Name: Address:  New Mailing Address of New Registered () New Registered Agent:  Name: Address:  New Mailing Address of New Registered Agent:  Name: Address:  New Mailing Address:  Name: Address:  New Mailing Address:  New Mailing Address of New Registered Agent:  Name: New Registered Agent:  Name: Address:  New Consumption of Registered Agent:  Name: New New Registered Agent:  Name: New New Registered Agent:  Name: New Registered Agent:  New Registered Agent:  New Registered Agent:  New Registered Agent:  New Registered A	Current Pi	incipal Place	of Business:	New Princ	New Principal Place of Business:			
PEI Number: 59-2534515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent:  MOORE_DANNY R REV 180 BACOM POINT RD. PAHOKEE, FL 33476 US  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								
PAHOKEE, FL 33476  FEI Number: 59-2534515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent:  MOORE, DANNY R REV 180 BACOM POINT RD. PAHOKEE, FL 33476 US  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	Current M	ailing Addres	s:	New Mailir	New Mailing Address:			
Name and Address of Current Registered Agent:  MOORE, DANNY R REV 180 BACOM POINT RD. PAHOKEE, FL 33476 US  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								
MOORE_DANNY R REV  ### REV ###	El Number:	59-2534515	FEI Number Applied For()	FEI Number Not Appli	cable ( )	Certificate of Status Desired (	)	
### 180 BACOM POINT RD. PAHOKEE, FL 33476 US    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.	Name and	Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:		
## State of Florida.    SIGNATURE:	480 BAĆOI	M POINT RD.						
Electronic Signature of Registered Agent  Description of Pricers and Directors:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: D () Delete   Title:   () Change () Addition			submits this statement for the pur	pose of changing it	s registered	d office or registered agent, or b	ooth,	
DFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: D () Delete Name: NoORE, DANNY R REV Name: Address: 157 SOUTH GREENSTAR AVE. Address: D () Delete Name: MOORE, RAYMOND Name: NoORE, RAYMOND Name: NoORE, RAYMOND Name: NoORE, RAYMOND Name: Otty-St-Zip: CANAL POINT, FL 33438 City-St-Zip: City-St-Zip: City-St-Zip: D () Delete Title: D () Delete Title: D () Change () Addition Name: Na	SIGNATUF							
Title:   D		Electron	ic Signature of Registered Agent			Date		
Name:   MOORE, DANNY R REV	OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Name: MOORE, RAYMOND Name: Address: 19241 S.W. CONNERS HWY. Address: City-St-Zip: CANAL POINT, FL 33438 City-St-Zip: CANAL POINT, FL 33476 City-St-Zip: Canal Point, FL 33476 City-St-Zip: Canal Point, FL 33476 City-St-Zip: CANAL POINT, FL 33438 City-St-Zip: CANA	Name: Nddress:	MOORE, DANN 157 SOUTH GR	Y R REV EENSTAR AVE.	Name: Address:		() Change () Addition		
Name: POWELL, STUART Address: 271 PARKVIEW CT Address: City-St-Zip: PAHOKEE, FL 33476 City-St-Zip:    D	Name: Nddress:	MOORE, RAYM 19241 S.W. CC	OND NNERS HWY.	Name: Address:		() Change () Addition		
Name:         CARTER, WAYNE         Name:         BRITT, RICHARD           Address:         13034 HWY. 441         Address:         P.O. BOX 220           City-St-Zip:         CANAL POINT, FL 33438         City-St-Zip:         CANAL POINT, FL 33438           City-St-Zip:         D         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         PEACOCK, BRENDA         Name:         Address:           City-St-Zip:         PAHOKEE, FL 33476         City-St-Zip:           City-St-Zip:         D         ( ) Change ( ) Addition           Name:         POWELL, STUART         Name:         SCOTT, DEBBIE           Address:         271 PARVIEW CT.         Address:         16558 S.W. CONNERS HIGHWAY	√ame: Address:	POWELL, STU 271 PARKVIEW	ART / CT	Name: Address:		() Change () Addition		
Name: PEACOCK, BRENDA Name: Address: 2582 S.W. 14TH TERR. City-St-Zip: PAHOKEE, FL 33476 City-St-Zip:  Fitle: D () Delete Title: D (X) Change () Addition Name: POWELL, STUART Name: SCOTT, DEBBIE Address: 271 PARVIEW CT. Address: 16558 S.W. CONNERS HIGHWAY	Name: Address:	CARTER, WAY 13034 HWY. 44	NE 11	Name: Address:	BRITT, RICH P.O. BOX 22	HARD 20		
Name: POWELL, STUART Name: SCOTT, DEBBIE Address: 271 PARVIEW CT. Address: 16558 S.W. CONNERS HIGHWAY	√ame: Address:	PEACOCK, BRI 2582 S.W. 14TI	ENDA H TERR.	Name: Address:		() Change () Addition		
	√ame: Address:	POWELL, STU 271 PARVIEW	ART CT.	Name: Address:	SCOTT, DEI 16558 S.W.	BBIE CONNERS HIGHWAY		

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: STUART POWELL D 04/19/2004