## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	ANNOAL	REPORT			_			
1. Entity Nam	MENT # N01000001 FURCH OF THE NAZAREN		DKEE, INC.		FILED 2007 OCT 24 AM 9: 01			
Principal Place of Business 480 BACOM POINT RD. PAHOKEE, FL 33476		Mailing Address PO BOX 242 PAHOKEE, FL 33476		SEC	RETARY (			
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07232007 <sub>C</sub>	hg-NP	CR2E037 (12/06)	
City & State		City & State	City & State		4. FEI Number         Applied For           59-2534515         Not Applicable			
Zip Country		Zip	Country	5. Certificate of S		status Desired		
	6. Name and Address of Current	Registered Agent	Name		7. Name and Add	dress of New i	Registered Agent	
480 BACO	DANNY R REV M POINT RD. ., FL 33476			Street Address (P.O. Box Number is Not Acceptable)				
	,, =		City			<u>-</u>	FL Zip Co	de
8. The above the obligat	named entity submits this statement for ions of regietered agent.  Author R. J. P. Slonature, typed or printed name of registered agent a	bort	registered office	- <u>-</u> -	<del></del>	the State of Fl	lorida. Fam familiar with	i, and accept
De	Filing Fee is \$61.25 ue by September 14, 2007	•	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	May Be Make check payable to Fees Florida Department of State		
10.	OFFICERS AND DIF		11.		ADDITIONS/CHANG	ES TO OFFICE	ERS AND DIRECTORS I	N 10
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D MOORE, DANNY R REV 157 SOUTH GREENSTAR AVE. PAHOKEE, FL 33476	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	4000 10/11/07-	1 1060 -01010-	□ Change B <b>B244</b> -022 **61.25	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, RAYMOND 19241 S.W. CONNERS HWY. CANAL POINT, FL 33438	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>400</b> 10/30/07	1 106 01021-	□ Change 662 <b>44</b> -003 **175.0	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, DELORIS 19241 S.W. CONNERS HWY. CANAL POINT, FL 33438	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, STUART 271 PARKVIEW CT PAHOKEE, FL 33476	<b>I</b> → Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P R A C 848	hel Di sweet wiston	ICK + LAK	□ Change e Cr. 33440	[] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, DEBBIE 16558 S.W. CONNERS HIGHWA CANAL POINT, FL 33438	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		REINS	STAT	EMEN	Addition T

Vanny R. Moor

<sup>2.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.