


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001203 1. Entity Name FIRST CHURCH OF THE NAZARENE PAHOKEE, INC.	
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FILED

2007 OCT 24 AM 9: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 480 BACOM POINT RD. PAHOKEE, FL 33476	Mailing Address PO BOX 242 PAHOKEE, FL 33476
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07232007 Chg-NP CR2E037 (12/06)

City & State	4. FEI Number 59-2534515
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MOORE, DANNY R REV 480 BACOM POINT RD. PAHOKEE, FL 33476	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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[Handwritten Signature]

FL Zip Code

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 *Danny R. Moore*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D MOORE, DANNY R REV 157 SOUTH GREENSTAR AVE. PAHOKEE, FL 33476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400110666244 10/11/07--01010--022 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MOORE, RAYMOND 19241 S.W. CONNERS HWY. CANAL POINT, FL 33438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400110666244 10/30/07--01021--003 **175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MOORE, DELORIS 19241 S.W. CONNERS HWY. CANAL POINT, FL 33438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D POWELL, STUART 271 PARKVIEW CT PAHOKEE, FL 33476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Rachel Dick 848 Sweet Lake Cr. Clewiston, Fl. 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SCOTT, DEBBIE 16558 S.W. CONNERS HIGHWAY CANAL POINT, FL 33438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <h2 style="text-align: center;">REINSTATEMENT</h2>

12. 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.

SIGNATURE *Danny R. Moore*

2007