

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 07, 2004  
Secretary of State**

DOCUMENT# N01000006292

Entity Name: HOMESTEAD CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

300 NE 15TH ST  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

29055 SW 182 AVE  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number: 59-2161768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAMBERS, WILLIAM L JR  
29055 SW 182 AVE  
HOMESTEAD, FL 33030      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: PD      ( ) Delete  
Name: CHAMBERS, WILLIAM L JR  
Address: 29055 SW 182ND AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: VD      ( ) Delete  
Name: CHAMBERS, WILLIAM L III  
Address: 1221 NW 19TH ST  
City-St-Zip: HOMESTEAD, FL 330302932

Title: TSD      ( ) Delete  
Name: BLYTHE, JUDITH C  
Address: 18295 SW 294 ST  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: WILLIAM L CHAMBERS, JR

PD

09/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date