


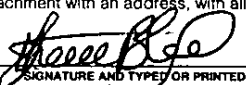


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90052 020 \*\*\*\*61.25

<b>DOCUMENT # N02000005452</b>					
<b>1. Entity Name</b> FORT LAUDERDALE METROPOLITAN CHURCH OF THE NAZARENE, INC.					
<b>Principal Place of Business</b> 2300 SW 15 AVE FT LAUDERDALE, FL 33315			<b>Mailing Address</b> 2300 SW 15 AVE FT LAUDERDALE, FL 33315		
<b>2. Principal Place of Business</b> 2300 SW 15 AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 30-0072022	
<b>Zip</b> 33315		<b>Country</b> Fort Lauderdale		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BLANC, JOHNNY REV 2300 SW 15 AVE FT LAUDERDALE, FL 33315				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE: 				DATE: 03-28-05	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D	<b>NAME</b> BLANC, JOHNNY PASTOR				
<b>STREET ADDRESS</b> 2300 SW 15 AVE.	<b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33315				
<b>TITLE</b> D	<b>NAME</b> AUGUSTIN, PHILOMENE JEAN				
<b>STREET ADDRESS</b> 2300 SW 15 AVE.	<b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33315				
<b>TITLE</b> D	<b>NAME</b> DALGER, RIGOBERT				
<b>STREET ADDRESS</b> 2300 SW 15 AVE.	<b>CITY-ST-ZIP</b> FT LAUDERDALE, FL 33315				
<b>TITLE</b> D	<b>NAME</b> (Empty)				
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)				
<b>TITLE</b> D	<b>NAME</b> (Empty)				
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)				
<b>TITLE</b> D	<b>NAME</b> (Empty)				
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)				
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)				
<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)				
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)				
<b>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.</b>					
SIGNATURE: 				DATE: 03-28-05	