

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# FILED Apr 14, 2004 8:00 am Secretary of State

04-14-2004 90069 044 \*\*\*\*61.25

## 14002507



<b>DOCUMENT # N03000000960</b>			
1. Entity Name <b>NAZARENE CHURCH OF JESUS CHRIST, INC.</b>			
Principal Place of Business <b>2770 SE FERMONT ST. PLAZA STUART, FL 34997</b>		Mailing Address <b>2770 SE FERMONT ST. PLAZA STUART, FL 34997</b>	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>ELUCIA, DELVA 4558 SE DALVATORI RD. STUART, FL 34997</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Elucia Delva</i>		DATE <i>04/12/04</i>	
Filing Fee is \$61.25 Due by May 1, 2004		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME	BLANC, DELVA	NAME	
STREET ADDRESS	5640 SE COLLINS AVE.	STREET ADDRESS	
CITY- ST- ZIP	STUART, FL 34997	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME	ALMOITHE, WESNER	NAME	
STREET ADDRESS	4558 SE SALVATORI RD.	STREET ADDRESS	
CITY- ST- ZIP	STUART, FL 34997	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME	ELUCIA, DELVA	NAME	
STREET ADDRESS	4558 SE SALVATORI RD.	STREET ADDRESS	
CITY- ST- ZIP	STUART, FL 34997	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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 a) other like empowered.			
SIGNATURE: <i>Elucia Delva</i>		Date: <i>(772) 228-0050</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	