

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04098

FILED  
Jul 02, 2007  
Secretary of State

**Entity Name:** CENTRAL CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

2130 UNIVERSITY BLVD. NORTH  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

2130 UNIVERSITY BLVD NORTH  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

**FEI Number:** 59-1629241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROACH, CLAYTON A TRUSTEE  
1806 ECTOR RD  
JACKSONVILLE, FL 32211 US

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

MAXWELL, DAVID L PASTOR  
2059 FOREST GATE DR E  
JACKSONVILLE, FL 32246 US

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: DAVID L MAXWELL

07/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TR ( ) Delete  
Name: ROACH, CLAYTON A TRUSTEE  
Address: 1806 ECTOR RD  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: TR ( ) Delete  
Name: RAILEY, CLYDE TRUSTEE  
Address: 2521 EVERSOL RD  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: ST ( ) Delete  
Name: WAY, DAN TRUSTEE  
Address: 3074 CAPTIVA BLUFF CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: ST (X) Delete  
Name: CASTER, JOYCE STEWARD  
Address: 7043 HEILO DR  
City-St-Zip: JACKSONVILLE, FL 32211 US

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

Title: TR (X) Change ( ) Addition  
Name: DUGGAN, JOHN TRUSTEE  
Address: 7230 ARLET DR  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: WAY, DAN TRUSTEE  
Address: 3074 CAPTIVA BLUFF CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID L MAXWELL

PAS

07/02/2007

Electronic Signature of Signing Officer or Director

Date