

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04379

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** ORANGE PARK CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

3212 MOODY RD.  
ORANGE PK, FL 32065 US

**New Principal Place of Business:**

**Current Mailing Address:**

3212 MOODY RD.  
ORANGE PK, FL 32065 US

**New Mailing Address:**

**FEI Number:** 59-6589429 **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:**

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

WADE, STANLEY E SR.  
3212 MOODY RD.  
ORANGE PARK, FL 32065 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: WADE, STANLEY E SR.  
Address: 3212 MOODY RD.  
City-St-Zip: ORANGE PARK, FL

Title: S ( ) Delete  
Name: COLLINS, WILLIAM V., JR.  
Address: 7370 BOYSENBERRY LANE, N  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: SCHWAB, DARLENE  
Address: 820 RICHMOND CT  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: CHANEY, GEORGE  
Address: 7557 ALLSPICE CR. S.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete  
Name: COLLINS, CLARA  
Address: 7370 BOYSENBERRY LN  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: WILSON, DOUGLAS  
Address: 72 PARSLEY AVE  
City-St-Zip: MIDDLEBURG, FL 32068

**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:

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 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: STANLEY E. WADE

S

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date