

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002397

FILED
Jun 24, 2009
Secretary of State

Entity Name: IGLESIA DEL NAZARENO NAPLES INC

Current Principal Place of Business:

6455 HIDDEN OAKS LN
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

6455 HIDDEN OAKS LN
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-2325172 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:

GARCIA, YANET SEC
6455 HIDDEN OAKS LN
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

CORREA, SANDRA P SEC
5470 SHOLTZ ST
NAPLES, FL 34113 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: SANDRA P CORREA

06/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOREJON, LOIDA PRES
Address: 699 94TH AVE N
City-St-Zip: NAPLES, FL 34108

Title: S () Delete
Name: GARCIA, YANET SEC
Address: 699 94TH AVE N
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: ZAFRA, LESBIA TRES
Address: 2714 54TH STREET SW
City-St-Zip: NAPLES, FL 34116

Title: TRUS () Delete
Name: MEDINA, AIME TRUS
Address: 5235 30TH AVE SW
City-St-Zip: NAPLES, FL 34116

Title: TRUS () Delete
Name: ZAFRA, JUAN M TRUS
Address: 2728 54TH STREET SW
City-St-Zip: NAPLES, FL 34116

Title: TRUS () Delete
Name: LAGO, CARLOS TRUS
Address: 2142 55TH STREET SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: CORREA, SANDRA P SEC
Address: 5470 SHOLTZ STREET
City-St-Zip: NAPLES, FL 34113

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: LOIDA MOREJON

P

06/24/2009

Electronic Signature of Signing Officer or Director

Date