

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009450

FILED
Jul 12, 2006
Secretary of State

Entity Name: COASTAL COMMUNITY CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

1000 GLENALLEN BLVD.
NORTH PORT, FL 34287

New Principal Place of Business:

6400 WEST PRICE BOULEVARD
NORTH PORT, FL 34286

Current Mailing Address:

1000 GLENALLEN BLVD.
NORTH PORT, FL 34287

New Mailing Address:

6400 WEST PRICE BOULEVARD
NORTH PORT, FL 34286

FEI Number: 32-0157290 **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:

BALL, GARY LEE DR.
1000 GLENALLEN BLVD.
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

BALL, GARY LEE DR.
1335 DEVON RD.
VENICE, FL 34293 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: _____

07/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BALL, GARY LEE DR
Address: 1335 DEVON RD.
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: BALL, GARY LEE II
Address: P.O. BOX 7817
City-St-Zip: NORTH PORT, FL 342877817

Title: D () Delete
Name: CALLAN, JEFFREY
Address: 1335 DEVON RD.
City-St-Zip: VENICE, FL 34293

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. GARY LEE BALL

DIR.

07/12/2006

Electronic Signature of Signing Officer or Director

Date