

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009450

FILED  
May 25, 2007  
Secretary of State

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

**Current Principal Place of Business:**

6400 WEST PRICE BOULEVARD  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

6400 WEST PRICE BOULEVARD  
NORTH PORT, FL 34286

**New Mailing Address:**

1802 LAFLEUR ST.  
NORTH PORT, FL 34288

**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.  
1335 DEVON RD.  
VENICE, FL 34293 US

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

BALL, GARY LEE DR.  
1802 LAFLEUR ST.  
NORTH PORT, FL 34288 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: DR. GARY LEE BALL

05/25/2007

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: D (X) Change ( ) Addition  
Name: BALL, GARY LEE DR  
Address: 1802 LAFLEUR ST.  
City-St-Zip: NORTH PORT, FL 34288

Title: D (X) Change ( ) Addition  
Name: BALL, GARY LEE II  
Address: 995 VICTORIA AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33948

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: GARY LEE BALL

DR.

05/25/2007

Electronic Signature of Signing Officer or Director

Date