

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009450

FILED
Apr 30, 2009
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:

12497 TAMiami TR.
12
NORTH PORT, FL 34287

Current Mailing Address:

1802 LAFLEUR ST.
NORTH PORT, FL 34288

New Mailing Address:

FEI Number: 32-0157290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALL, GARY L DR.
1802 LAFLEUR ST.
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

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: D () Delete
Name: BALL, GARY L DR
Address: 1802 LAFLEUR ST.
City-St-Zip: NORTH PORT, FL 34288

Title: D () Delete
Name: JONES, RONALD
Address: 1345 FUNDY RD.
City-St-Zip: VENICE, FL 34293

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: D (X) Change () Addition
Name: BENSON, EDWARD
Address: 2313 GOYA DRIVE
City-St-Zip: NOKOMIS, FL 34275

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: DR. GARY L. BALL

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date