


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N09209 1. Entity Name FIRST CHURCH OF THE NAZARENE OF GAINESVILLE, FLORIDA, INC.	
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Principal Place of Business 5020 NW 23RD AVE GAINESVILLE, FL 32606 US	Mailing Address 5020 NW 23RD AVE GAINESVILLE, FL 32606 US
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6546053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CUSTER, HAROLD W 5020 NW 23 AVE. GAINESVILLE, FL 32606	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000853928 03/25/08-80095-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUSTER, HAROLD W DR. 5020 NW 23 AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, SAM 3530 NW 36 PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUFLER, OSCAR 2318 NW 90TH TER GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Harold W. Custer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

Harold W. Custer