

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10657

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: PORT ORANGE CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

840 TAYLOR RD  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

840 TAYLOR RD  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 59-6543227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHOOK, RICHARD  
1097 DONNELL DR  
PT. ORANGE, FL 32129 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: P ( ) Delete  
Name: WALLIS, FRED  
Address: 1062 AZALEA POINTE DR.  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: COX, BOBBY  
Address: 5628 DEVON ST  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: HARDIN, BILL  
Address: 2365 POINSETTIA DR.  
City-St-Zip: ORANGE CITY, FL 32763

Title: D ( ) Delete  
Name: CLARK, CHUCK  
Address: 5805 SOUTHPORT DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: HOLLETT, RON  
Address: 204 QUAKER RIDGE DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: T ( ) Delete  
Name: KODEY, THOMAS M  
Address: 4627 SECRET RIVER TRAIL  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HANSON, LARRY  
Address: 1470 HIGHRIDGE AVE  
City-St-Zip: DAYTONA BEACH, FL 32121

Title: D (X) Change ( ) Addition  
Name: COX, BOBBY  
Address: 1326 CALLE DEL SOL CIRCLE  
City-St-Zip: PORT ORANGE, FL 32129

Title: D (X) Change ( ) Addition  
Name: BURKE, BARBARA  
Address: 5939 SHADY CREEK LANE  
City-St-Zip: PORT ORANGE, FL 32128

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

Title: D (X) Change ( ) Addition  
Name: BURTON, DARIN  
Address: 5735 SWEETWATER BLVD  
City-St-Zip: PORT ORANGE, FL 32127

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: THOMAS KODEY

T

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date