

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10657

FILED  
Apr 05, 2009  
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:**

WALZAK, MIKE  
1903 ROUZBEH CT.  
PT. ORANGE, FL 32127 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: WALZAK, MIKE  
Address: 1903 ROUZBEH CT  
City-St-Zip: PORT ORANGE, FL 32127

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

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

Title: D ( ) Delete  
Name: NATHEY, PATSEY  
Address: 2262 TURNBULL BAY ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

Title: D (X) Change ( ) Addition  
Name: OSTEEN, ROBERT  
Address: 969 BRAMBLE BUSH CIRCLE E.  
City-St-Zip: PORT ORANGE, FL 32127

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

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 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 M. KODEY

T

04/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date