


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N14266

1. Entity Name
FIRST CHURCH OF THE NAZARENE OF NEW SMYRNA
BEACH INC.



Principal Place of Business 201 SOUTH ORANGE STREET NEW SMYRNA BEACH, FL 32168	Mailing Address 201 SOUTH ORANGE STREET NEW SMYRNA BEACH, FL 32168
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DO NOT WRITE IN THIS SPACE

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01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6543202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

ACHESON, CHARLES D.
1420 TRAVELERS PALM DR.
EDGEWATER, FL 32132

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recasting)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

000000105747
04/07/04-80038-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACHESON, CHARLES D. 1420 TRAVELERS PALM DR. EDGEWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUCK, RICHARD 1311 WILLOW OAK EDGEWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WADE, SUSAN 2360 CAPT BUTLER TRAIL NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUCK, ELEANOR 204 NINTH STREET NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officers empowered.

SIGNATURE: Eleanor Stuck ELEANOR STUCK, Treasurer 4/5/04 386 428-8937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #