2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
02-11-2005 90042 004 ****61.25

DOCUMENT # N16065

1. Entity Name
FIRST CHURCH OF THE NAZARENE OF MACCLENNY FLORIDA, INC.

Principal Place of Business	Mailing Address
380 NORTH LOUDER MACCLENNY, FL 32063	P.O. BOX 1077 MACCLENNY, FL 32063 US

bbUUb14b

02072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

4. FEI Number 59-2255783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARBER, JAMES A REV 498 FOX RUN CIR MACCLENNY, FL 32063	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steward ABIGAIL, ROBERTS 6812 PARK STREET GLEN ST MARY, FL 32040	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WARD, Patricia Title Steward/Treasurer 10050 Stasi Rd. Glen St. Mary, FL 32040	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Trustee BASS, REV. MARTIN J. 10096 STASI RD GLEN SAINT MARY, FL 32040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Trustee FARBER, TODD — 6249 MICHELLE RD MACCLENNY, FL 32063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Steward/Secretary CREWS, JANA 10085 STASI RD GLEN ST. MARY, FL 32040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASurer NELSON, B. TREVOR 1143 COPPER FIRLD CIRCLE MACCLENNY, FL 32063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWARD SHEDD, PAULA 10375 ST. MARY'S CIRCLE EAST MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: Patricia E. Ward Patricia E. WARD 2-7-05 904-259-4625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #