

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16147

FILED  
Mar 27, 2006  
Secretary of State

Entity Name: NEW CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

806 NORTH DIXIE HWY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

806 NORTH DIXIE HWY  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 59-2778780      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GRACIUS, DORSAINVIL  
608 NORTH "K" STREET  
LAKE WORTH, FL 33460      US

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

GRACIUS, DORSAINVIL  
608 NORTH  
LAKE WORTH, FL 33460      US

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

03/27/2006

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRACIUS, DORSAINVIL,  
Address: 608 NORTH K STREET  
City-St-Zip: LAKE WORTH, FL

Title: VD ( ) Delete  
Name: GRACIUS, ANNE,  
Address: 608 NORTH K STREET  
City-St-Zip: LAKE WORTH, FL

Title: STD ( ) Delete  
Name: LUCKNER, BELLEUS,  
Address: 931 SOUTH B STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: SD ( ) Delete  
Name: J.PIERRE, LUXONE  
Address: 5966 ITHACA CIRCLE W.  
City-St-Zip: LAKE WORTH, FL 33463

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

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: SD (X) Change ( ) Addition  
Name: SILAN, SUPRIUS  
Address: 1407 20 AVE. NO.  
City-St-Zip: LAKE WORTH, FL 33460

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: DORSAINVIL GRACIUS

Electronic Signature of Signing Officer or Director

D

03/27/2006

Date