2007 NOT-FOR-PROFIT CORPORATION ANNUAL REFORT (AR)

FILED DOCUMENT # N16147 Mar 01, 2007 08:00 AM **Secretary of State** NEW CHURCH OF THE NAZARENE, INC. Principal Place of Business Mailing Address 806 NORTH DIXIE HWY 806 NORTH DIXIE HWY LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Mailing Addross 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-2778780 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GRACIUS, DORSAINVIL Street Address (P.O. Box Number is Not Acceptable) 608 NORTH LAKE WORTH FL 33460 City 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 (NOTF: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition mur PD HIII Delete NAME GRACIUS, DORSAINVIL NAME U00000653204 03/13/07-80012-001 70.00 STREET ADDRESS 608 NORTH K STREET STREET ADDRESS CUY - ST - ZIP CHY-ST-7P LAKE WORTH FL Change ☐ Addition HIII. VD ☐ Defete 1011 NAMI GRACIUS, ANNE NAME STREET ADDRESS STREET ADDRESS 608 NORTH K STREET CHY-ST-ZIP CHY+S+-7/P LAKE WORTH FL ☐ Addition IIILE ☐ Delete 1010 STD NAML LUCKNER, BELLEUS STREET ADDRESS STRUCT ADDRESS 931 SOUTH B STREET CHY-SI-ZIP CITY - ST - ZIP LAKE WORTH FL 33460 ☐ Change Addition TITLE ☐ Dolete THEFTE SD NAME NAME SILAN, SUPRIUS STREET ADDRESS STREET ADDRESS 1407 20 AVE. NO. CITY-ST-ZIP CITY-ST-7/P LAKE WORTH FL 33460 DILLE ☐ Delete HILL □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition ШL NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-S1-78P

SIGNATURE: Dong an utlachment with an address, with all other like empowered.

SIGNATURE: Dong annul Bracius Dong and Lacines 2/24/07 547-9494

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 offect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if shaped or on a subsequent with a conditional conditions.