


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90343 045 ****61.25

| | | | | | |
|--|---------------------------|---|---|---|--|
| DOCUMENT # N16830 1. Entity Name MERRITT ISLAND COMMUNITY CHURCH OF THE NAZARENE, INC. | | | |  | |
| Principal Place of Business 400 CROCKETT BLVD P O BOX 541902 MERRITT ISLAND, FL 32954 | | | Mailing Address 400 CROCKETT BLVD P O BOX 541902 MERRITT ISLAND, FL 32954 | | |
| 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 59-2604015 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SCOTT, PHIL 2675 RAINTREE LAKE CIRCLE MERRITT ISLAND, FL 32953 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCOTT, PHIL | | NAME | | |
| STREET ADDRESS | 2675 RAINTREE LAKE CIR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL | | CITY-ST-ZIP | | |
| TITLE | DTT | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOFFMAN, CAROL | | NAME | D. HOFFMAN, CAROL | |
| STREET ADDRESS | 516 S PLUMOSA ST #21 | | STREET ADDRESS | 516 S PLUMOSA ST. #21 | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | |
| TITLE | D | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCOTT, KAREN | | NAME | | |
| STREET ADDRESS | 2675 RAINTREE LAKE CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | | CITY-ST-ZIP | | |
| TITLE | DT | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHROPSHIRE, MARK | | NAME | | |
| STREET ADDRESS | 4645 ALAN SHEPARD AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA, FL 32926 | | CITY-ST-ZIP | | |
| TITLE | D | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PENNY, TERESSA | | NAME | | |
| STREET ADDRESS | 1510 S OAKS DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | CITY-ST-ZIP | | |
| TITLE | DTT | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HOARD, PAMELA | | NAME | | |
| STREET ADDRESS | 4594 WOODSTOCK DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Carol L Hoffman</i> Director | | | 22 April 2006 321-452-8370 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |