

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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**



04202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2604015

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, PHIL
2675 RAINTREE LAKE CIRCLE
MERRITT ISLAND, FL 32953**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCOTT, PHIL
STREET ADDRESS	2675 RAINTREE LAKE CIR.
CITY- ST- ZIP	MERRITT ISLAND, FL
TITLE	D
NAME	HOFFMAN, CAROL
STREET ADDRESS	516 S PLUMOSA ST #21
CITY- ST- ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	SCOTT, KAREN
STREET ADDRESS	2675 RAINTREE LAKE CIRCLE
CITY- ST- ZIP	MERRITT ISLAND, FL 32953
TITLE	DT
NAME	SHROPSHIRE, MARK
STREET ADDRESS	4645 ALAN SHEPARD AVE
CITY- ST- ZIP	COCOA, FL 32926
TITLE	D
NAME	PENNY, TERESSA
STREET ADDRESS	1510 S OAKS DRIVE
CITY- ST- ZIP	MERRITT ISLAND, FL 32952
TITLE	DTT
NAME	HOARD, PAMELA
STREET ADDRESS	4594 WOODSTORK DR
CITY- ST- ZIP	MERRITT ISLAND, FL 32953

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05/10/07-80048-011 70.00

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IN THIS SPACE**

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:

Phil A. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-2007

Date

321-853-6761 office

Daytime Phone #