

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17727

FILED
Feb 12, 2009
Secretary of State

Entity Name: CHURCH OF THE NAZARENE OF LAKE WORTH, INC.

Current Principal Place of Business:

C/O BILL L. BUETTNER
1422 LUCERNE AVE
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

C/O BILL L. BUETTNER
1422 LUCERNE AVE
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 59-1275761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUETTNER, BILL L
6100 BIRCHTREE TERR.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OTIS, WILLIAM,
Address: 302 BEACH CURVE
City-St-Zip: LANTANA, FL

Title: VSD () Delete
Name: LIN, MAYBELL,
Address: 2601 EMERY LANE
City-St-Zip: LAKE WORTH, FL

Title: D () Delete
Name: CREEL, LINTON,
Address: 124 CAYMAN DR.
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: JARVINEN, CONNIE
Address: 4897 WAVERLY WOODS TERRACE
City-St-Zip: LAKE WORTH, FL 33403

Title: D (X) Delete
Name: PRESSLEY, RICK
Address: 16300 S.W. PINTO ST.
City-St-Zip: INDIANTOWN, FL 34958

Title: D () Delete
Name: WATKINS, DON
Address: 311 ELAINE CIRCLE WEST
City-St-Zip: WEST PALM BEACH, FL 33409

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BILL L. BUETTNER

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02/12/2009

Electronic Signature of Signing Officer or Director

Date