

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17904

FILED  
Jan 27, 2008  
Secretary of State

**Entity Name:** PORT CHARLOTTE CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

CHURCH OF THE NAZARENE  
19150 HELENA AVE  
PT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

**Current Mailing Address:**

19150 HELENA AVE  
PORT CHARLOTTE, FL 339486262 US

**New Mailing Address:**

CHURCH OF THE NAZARENE  
19150 HELENA AVE  
PT CHARLOTTE, FL 33948 US

**FEI Number:** 59-2086224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VASEY, JOHN T TREAS.  
1007 COMSTOCK ST.  
PORT CHARLOTTE, FL 33952 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: SC ( ) Delete  
Name: REXROTH, TERRY L  
Address: 1008 BROADVIEW STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: VASEY, JOHN  
Address: 1007 COMSTOCK ST.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: HARDON, MARY L  
Address: 19063 HELENA AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

**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:

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: JOHN T. VASEY

TREA

01/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date