

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 03, 2005
Secretary of State**

DOCUMENT# N18093

Entity Name: FIRST CHURCH OF THE NAZARENE OF OCALA, INC.

Current Principal Place of Business:

3732 N.E. 7TH STREET
OCALA, FL 326711044

New Principal Place of Business:

Current Mailing Address:

3732 N.E. 7TH STREET
OCALA, FL 326711044

New Mailing Address:

FEI Number: 59-6543215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNLAP, BARRY L
5164 S.E. 27TH ST.
OCALA, FL 34471 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: TR () Delete
Name: SHAW, DEAN
Address: 1329 SE 36TH AVE
City-St-Zip: OCALA, FL 34471

Title: TR () Delete
Name: BOYD, WILLIAM
Address: 4255 S.E. 54TH ST.
City-St-Zip: OCALA, FL

Title: C () Delete
Name: DUNLAP, BARRY
Address: 5164 S.E. 27TH ST.
City-St-Zip: OCALA, FL

Title: TR () Delete
Name: SCHULER, WALTER
Address: 712 N.E. 39TH CT.
City-St-Zip: OCALA, FL

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARRY L. DUNLAP

Electronic Signature of Signing Officer or Director

CHRM

01/03/2005

_____ Date