


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90195 050 \*\*\*\*61.25

<b>DOCUMENT # N19917</b> 1. Entity Name <b>ENGLEWOOD CHURCH OF THE NAZARENE, INC.</b>					
Principal Place of Business <b>404 W. GREEN ST ENGLEWOOD, FL 34224</b>			Mailing Address <b>13400 BENNETT PORT CHARLOTTE, FL 33981</b>		
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 <b>59-2056348</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RAY, PAUL D REV 13490 BENNETT DR PORT CHARLOTTE, FL 33981</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T		TITLE	Sec	
NAME	DAVIDS, AINOVMAN A. NORMAN <input type="checkbox"/> Delete		NAME	Carol S. Davids <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	1261 LOMA LN		STREET ADDRESS	1261 Loma Lane	
CITY - ST - ZIP	ENGLEWOOD, FL 34224		CITY - ST - ZIP	Englewood, FL 34224	
TITLE	T <input type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUCHER, LEO		NAME	Greg Hurney	
STREET ADDRESS	7451 EBRO ST		STREET ADDRESS	322 Fairway Rd.	
CITY - ST - ZIP	ENGLEWOOD, FL 34224		CITY - ST - ZIP	Rotunda West FL 33947	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE		
NAME	WILLINGHAM, SHIRLEY		NAME		
STREET ADDRESS	651 BLACKBURN ST		STREET ADDRESS		
CITY - ST - ZIP	ENGLEWOOD, FL 34223		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	Greg Horn		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE:</b> <i>A. Norman Davids</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-23-06 941-474-6652 <small>Date Daytime Phone #</small>		