

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N19929	
1. Entity Name DELTONA CHURCH OF THE NAZARENE, INC.	
Principal Place of Business 1420 COURTLAND BLVD DELTONA, FL 32738 US	Mailing Address 1420 COURTLAND BLVD DELTONA, FL 32738 US



01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3519499	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DODSON, DOUGLAS W
1506 CHATSWORTH AVE.
DELTONA, FL 32738

**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

Douglas W. Dodson Pastor

2/14/05

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	REV. DODSON, DOUGLAS W 1506 CHATSWORTH DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BS WHITE, PENNY 1265 INDIAN ROCK CT DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SYKES, PAUL 3091 NORLINA STREET DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/21/05-80061-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Dodson

2/14/05

Date

386-574-7828

Daytime Phone #