2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N19929

1. Entity Name
DELTONA CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
1420 COURTLAND BLVD DELTONA, FL 32738 US	1420 COURTLAND BLVD DELTONA, FL 32738 US

04122007 No Chg-NP CR2E037 (4/06)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	REV.
NAME	DODSON, DOUGLAS W
STREET ADDRESS	1506 CHATSWORTH
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	BS
NAME	WADE, SHARON
STREET ADDRESS	1930 ALSTER LN
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	TD
NAME	SYKES, PAUL
STREET ADDRESS	3091 NORLINA STREET
CITY-ST-ZIP	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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05/10/07-80046-019 70.00

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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.

SIGNATURE: Douglas W. Dodson 4/23/07 386-747-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #