2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2009
Secretary of State

DOCUMENT# N19929

Entity Name: LIFE FELLOWSHIP CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

1420 COURTLAND BLVD
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

1420 COURTLAND BLVD
DELTONA, FL 32738 US

New Mailing Address:

FEI Number: 59-3519499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MULLEN, SAM
1506 CHATSWORTH AVE.
DELTONA, FL 32738 US

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: SAM MULLEN 09/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: REV. ( ) Delete
Name: DODSON, DOUGLAS W
Address: 1506 CHATSWORTH
City-St-Zip: DELTONA, FL 32738

Title: SEC ( ) Delete
Name: WADE, SHARON
Address: 1930 ALSTER LN
City-St-Zip: DELTONA, FL 32738

Title: TRSR ( ) Delete
Name: WHITE, CECIL
Address: 1265 INDIAN ROCK CT.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: REV. (X) Change ( ) Addition
Name: MULLEN, SAM
Address: 1506 CHATSWORTH
City-St-Zip: DELTONA, FL 32738

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: SHARON WADE SEC 09/10/2009
Electronic Signature of Signing Officer or Director Date