## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23497

FILED Jan 21, 2008 Secretary of State

Entity Name: COMMUNITY CHURCH OF THE NAZARENE, INC.

Current P	Principal Place	of Business:	New Princ	inal Place of	Business:	
HIGHWAY 26 WEST				New Principal Place of Business: HIGHWAY 26 WEST		
P.O. BOX				ZO WEST ATE 26 WEST	Г	
TRENTON, FL 326936773				TRENTON, FL 326936773		
Current Mailing Address:			New Mailir	New Mailing Address:		
HIGHWAY	Y 26 WEST		HIGHWAY	26 WEST		
P.O. BOX				ATE 26 WES	Γ	
TRENTO	N, FL 3269367	73	TRENTON,	FL 3269367	73	
FEI Number	r: 59-2870758	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
GOODRIG	CH, MERLE RE	EV	GOODRICH	H, MERLE RI	EV	
2669 SW	STATE RD 26		2659-B STA	2659-B STATE RD 26 WEST		
TRENTO	N, FL 32693	US	TRENTON,	FL 32693	US	
The above	a named entity s	submits this statement for the I	ournose of changing it	e ragistared (	office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose or changing it	s registered (	of registered agent, or both,	
SIGNATURE:				01/21/2008		
	Electron	ic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR	
Title:	MGR ()	Delete	Title:	(	) Change ()Addition	
Name:	PERRYMAN, JO		Name:			
		11	Address:			
	3839 SW CR 3					
	3839 SW CR 3- BELL, FL 3261		City-St-Zip:			
City-St-Zip:	BELL, FL 3261			(	) Change ()Addition	
City-St-Zip: Title:	BELL, FL 3261	9	City-St-Zip:	(	) Change ()Addition	
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City-St-Zip: Title: Name: Address:	BELL, FL 3261 T () MARTIN, BILL	9 Delete 334A	City-St-Zip: Title: Name:	(	) Change ()Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	BELL, FL 3261  T ()  MARTIN, BILL  7699 S.W. CR:  TRENTON, FL	9 Delete 334A 32693	City-St-Zip: Title: Name: Address:	·		
City-St-Zip: Title: Name: Address: City-St-Zip: Title:	BELL, FL 3261  T ()  MARTIN, BILL  7699 S.W. CR:  TRENTON, FL	9 Delete 334A	City-St-Zip: Title: Name: Address: City-St-Zip:	·	) Change()Addition ) Change()Addition	
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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: BILL MARTIN T 01/21/2008