

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90062 032 ****61.25

DOCUMENT # N25942

1. Entity Name

CHRISTIAN DEVELOPMENT CENTER A CHURCH OF THE NAZARENE INC.



Principal Place of Business

C/O MARTY FILLINGI
343 NAIL ST NE
PALM BAY FL 32907-8554
US

Mailing Address

C/O MARTY FILLINGI
343 NAIL ST NE
PALM BAY FL 32907-8554
US

2. Principal Place of Business

Carol Bryant

3. Mailing Address

343 Nail St. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

Palm Bay FL

City & State

Palm Bay FL

4. FEI Number

59-2824359

Applied For

Not Applicable

Zip

32907

Country

Zip

32907

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALROY, LINDA
231 PEAKE ST. NE
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name *Carol Bryant*
Street Address (P.O. Box Number is Not Acceptable)
343 Nail ST NE
City *Palm Bay* FL Zip Code *32907*

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 *Carol Bryant*

2/15/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	C ROWAN, STUART E	<input type="checkbox"/> Delete
STREET ADDRESS	3759 PEACOCK DR.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE NAME	D WALRO, BARRY	<input type="checkbox"/> Delete
STREET ADDRESS	231 PEAKE ST	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME	D GROSSMAN, LARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1414 KASLO CIR NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME	D LOCK, GWENELL	<input type="checkbox"/> Delete
STREET ADDRESS	836 SERENADE ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D <i>SCOTT KEENZ</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<i>1292 HALBER AVE</i>	
CITY-ST-ZIP	<i>Palm Bay FL 32907</i>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Stuart E. Rowan*

Stuart E. Rowan

321-247-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #