


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90067 029 ****61.25

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| DOCUMENT # N25942 |  |
| 1. Entity Name CHRISTIAN DEVELOPMENT CENTER A CHURCH OF THE NAZARENE INC. | |

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| Principal Place of Business CAROL BYRANT 343 NAIL ST NE PALM BAY, FL 32907-8554 US | Mailing Address 343 NAIL ST. NE PALM BAY, FL 32907-8554 US |
|---|--|

40014166



01212005 No Chg-NP CR2E037 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2824359 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent |
| BRYANT, CAROL 343 NAIL ST. NE MELBOURNE, FL 32901 |

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

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 | C ROWAN, STUART E 3759 PEACOCK DR. MELBOURNE, FL 32904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALRO, BARRY 231 PEAKE ST PALM BAY, FL 32907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEENZ, SCOTT 1292 HALBER AVE. PALM BAY, FL 32907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOCK, GWENELL 836 SERENADE ST NW PALM BAY, FL 32907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 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: Carol Bryant 1/30/05 321-255-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #