


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

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
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40014166



01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2824359	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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

**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	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/05
Date

321-255-9199
Daytime Phone #