


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25942</b>	
1. Entity Name CHRISTIAN DEVELOPMENT CENTER A CHURCH OF THE NAZARENE INC.	

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
---	--



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000787412  
 01/17/08-80080-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ROWAN, STUART E
STREET ADDRESS	3759 PEACOCK DR.
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	D
NAME	KEENZ, SCOTT
STREET ADDRESS	399 COULLIE AVE SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	D
NAME	LOCK, GWENELL
STREET ADDRESS	836 SERENADE ST NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	CURRY, MARGARET
STREET ADDRESS	833 HELM AVE NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	DAVIS, PAMELA
STREET ADDRESS	371 TAUNTON RD SW
CITY-ST-ZIP	PALM BAY, FL 32908
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 exemptions contained 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 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:** SEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_