

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25942

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** CHRISTIAN DEVELOPMENT CENTER A CHURCH OF THE NAZARENE INC.

**Current Principal Place of Business:**

CAROL BYRANT  
343 NAIL ST NE  
PALM BAY, FL 329078554 US

**New Principal Place of Business:**

**Current Mailing Address:**

343 NAIL ST. NE  
PALM BAY, FL 329078554 US

**New Mailing Address:**

FEI Number: 59-2824359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRYANT, CAROL  
343 NAIL ST. NE  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: ROWAN, STUART E  
Address: 3759 PEACOCK DR.  
City-St-Zip: MELBOURNE, FL 32904

Title: D ( ) Delete  
Name: KEENZ, SCOTT  
Address: 399 COULLIE AVE SE  
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete  
Name: LOCK, GWENELL  
Address: 836 SERENADE ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: CURRY, MARGARET  
Address: 833 HELM AVE NW  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: DAVIS, PAMELA  
Address: 371 TAUNTON RD SW  
City-St-Zip: PALM BAY, FL 32908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STUART ROWAN

MR.

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date