

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29382

FILED
Apr 21, 2009
Secretary of State

Entity Name: NEW LIFE COMMUNITY CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

6512 EDGEWATER DRIVE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 607370
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 59-6537844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, ROBERT L
611 CHESTNUT OAK CR
UNIT 117
ALTAMONTE SPRINGS, FL 32701 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: D () Delete
Name: STEPHEN, RONALD
Address: 4829 RABAMA PL
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Delete
Name: BROCK, TOMMY L
Address: 7609 ROSE AV
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: BRALEY, LINDA
Address: 1878 LAKE HILL CIR
City-St-Zip: ORLANDO, FL 32818

Title: SDT () Delete
Name: ALFORD, ROBERTA
Address: 5550 MARIMBA STREET
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: MORRISON, DONNIE
Address: 2455 PALMETTO RIDGE CR
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: FIRST, CHARLES
Address: 5439 DENISE AV
City-St-Zip: ORLANDO, FL 32810

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:

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City-St-Zip:

Title: () Change () Addition
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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: ROBERTA ALFORD

SDT

04/21/2009

Electronic Signature of Signing Officer or Director

Date