

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 26, 2009  
Secretary of State**

DOCUMENT# N29715

Entity Name: CHURCH OF THE NAZARENE OF TAVARES, INC.

**Current Principal Place of Business:**

32151 DAVID WALKER RD.  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

32151 DAVID WALKER RD.  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 59-2911684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PARRY, CARL  
2820 WEKIVIA ROAD  
TAVARES, FL 32778      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: T                    ( ) Delete  
Name: HICKS, MELANIE  
Address: 35841 OAKRIDGE DRIVE  
City-St-Zip: LEESBURG, FL 347887778

Title: T                    ( ) Delete  
Name: DIETRICK, RAY  
Address: 24929 LEARN RD.  
City-St-Zip: LEESBURG, FL 34788

Title: ST                    ( ) Delete  
Name: PARRY, CARL  
Address: 2820 WEKIVA ROAD  
City-St-Zip: TAVARES, FL 32778

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

Title: T                    (X) Change ( ) Addition  
Name: HICKS, MELANIE  
Address: 35841 OAKRIDGE DRIVE  
City-St-Zip: LEESBURG, FL 34788

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: MELANIE HICKS

T

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date