2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32540

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ODESSA, FL

LYLE, REBECCA J

OLDSMAR, FL 34677

3117 ST CLAIR AVE APT C

(X) Delete

FILED Jul 03, 2004 Secretary of State

Entity Name: FAITH CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business: New Principal Place of Business: 16920 LAKE JAMES ROAD 16920 LAKE JAMES ROAD ODESSA, FL 33356 ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 1306 JAM LANE ODESSA, FL 33556 US FEI Number: 59-2989796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FITTS, LEONARD R. FITTS, LEONARD R DR. 1306 JAM LANE 1306 JAM LANE ODESSA, FL 33556 ODESSA, FL 33556 US 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: DR. LEONARD R. FITTS 07/03/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition VENIA, MARK W LYLE, REBECCA J Name: Name: 2521 2ND AVENUE NORTH Address: 315 EAST LAKE CLUB DRIVE Address: City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: OLDSMAR, FL 34677 Title: Title: () Delete () Change () Addition FITTS, PATRICIA B Name: Name: Address: 1306 JAM LANE Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: () Delete Title: () Change () Addition FITTS, LEONARD R., Name: Name: 1306 JAM LANE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: () Delete Title: Title: () Change () Addition FITTS, SONJA. Name: Name: Address: 1306 JAM LANE Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: () Delete Title: () Change () Addition CARUTHERS, PATRICIA, Name: Name: 14927 OGDEN LOOP Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: REV. LEONARD R. FITTS P 07/03/2004

() Change () Addition