2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37042

FILED Feb 22, 2006 Secretary of State

Entity Name: LUTZ FIRST CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business: New Principal Place of Business:

16545 HANNA RD. 16545 HANNA RD. LUTZ, FL 335495710 US LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

16545 HANNA RD. C/O 4720 CLEVELAND HEIGHTS BLVD. LUTZ, FL 335495710 US SUITE 303

LAKELAND, FL 33813 US

FEI Number: 59-3062449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ELDER, TOLLIE H

16545 HANNA RD.

LUTZ, FL 335495710 US

DENNIS, LARRY D

4720 CLEVELAND HEIGHTS BLVD.

SUITE 303

LAKELAND, FL 33813 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: LARRY D. DENNIS 02/22/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: CD () Delete Title: PD (X) Change () Addition

 Name:
 ELDER, TOLLIE H
 Name:
 DENNIS, LARRY D

 Address:
 1645 HANNA RD
 Address:
 4720 CLEVELAND HEIGHTS BLVD., SUITE 303

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 LAKELAND, FL 33813

(X) Change () Addition Title: DS () Delete Title: Name: RAMSEY, LOIS V Name: FRAME, EUGENE Address: 19208 ALICE CIRCLE Address: 16613 MEADOW GROVE ST. City-St-Zip: LUTZ, FL 33549 City-St-Zip: TAMPA, FL 33624

Title: D () Delete Title: DT (X) Change () Addition Name: ELDER, JACQUELINE Name: EGIDIO, MARY E

 Address:
 16545 HANNA RD
 Address:
 4409 HARDENOAK TR.

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 LAKELAND, FL 33813

Title: D (X) Delete Title: () Change () Addition

 Name:
 PHILPOTT, PHYLLIS
 Name:

 Address:
 POST OFFICE BOX 804
 Address:

 City-St-Zip:
 LUTZ, FL 335480804
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY D. DENNIS PD 02/22/2006