

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90079 006 ****70.00

DOCUMENT # N41228

1. Entity Name

IMMOKALEE CHURCH OF THE NAZARENE INC.



Principal Place of Business

IMMOKALEE CHURCH OF THE NAZARENE
110 SOUTH 2ND STREET
IMMOKALEE FL 34142
US

Mailing Address

IMMOKALEE CHURCH OF THE NAZARENE
110 SOUTH 2ND STREET
IMMOKALEE FL 34142
US

00010495



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

410 Colorado Ave. S.

3. Mailing Address

1014 Ringo Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Immokalee

City & State

Immokalee, Fla

Zip

34142

Country

Florida

Zip

3414

Country

Fla

4. FEI Number

65-0260414

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUTH B. SAINARILUS
1122 IORESTER AVE.
IMMOKALEE FL 34142

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, J. CASNEL, (REV)	
STREET ADDRESS	6400 NE MIAMI CT	
CITY-ST-ZIP	MIAMI FL	Same
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAINVILUS, RUTH B	
STREET ADDRESS	1103 HICKORY LN	
CITY-ST-ZIP	IMMOKALEE FL 34142	Same
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAUL, FIAVEL	
STREET ADDRESS	1014 RINGO LANE	
CITY-ST-ZIP	IMMOKALEE FL 34142	Same
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sean Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-16-05