2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N41228

Entity Name: IMMOKALEE CHURCH OF THE NAZARENE INC.

Current Principal Place of Business:

IMMOKALEE CHURCH OF THE NAZARENE
410 COLORADO AVE S
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

IMMOKALEE CHURCH OF THE NAZARENE
410 COLORADO AVE S
IMMOKALEE, FL 34142 US

New Mailing Address:

FEI Number: 65-0260414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANGERVIL ELKIM
130-4 VIREOS WAY
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

JULIANA BRIGNOL
1126 CONNIE AVE
LEHIGH ACRES, FL 33971 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: JULIANA BRIGNOL 02/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PAUL, J. CASNEL, (RE, V)
Address: 1014 RINGO LANE
City-St-Zip: IMMOKALEE, FL 34142

Title: TD ( ) Delete
Name: ANGERVIL, ELKIM
Address: 130-4 VIREOS WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: SD ( ) Delete
Name: PAUL, FIAVEL
Address: 1014 RINGO LANE
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BRIGNOL, JULIANA
Address: 130-4 VIREOS WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: SD (X) Change ( ) Addition
Name: PAUL, FLAVEL
Address: 1014 RINGO LANE
City-St-Zip: IMMOKALEE, FL 34142

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: FLAVEL PAUL SD 02/12/2009
Electronic Signature of Signing Officer or Director Date