
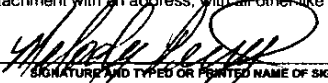


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90163 033 ****61.25

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| DOCUMENT # N43724 1. Entity Name CRESTVIEW CHURCH OF THE NAZARENE, INC. | | | |  | |
| Principal Place of Business % CLARENCE LYKINS 395 APLIN RD CRESTVIEW, FL 32539 US | | | Mailing Address CLARENCE LYKINS 664 BRUNSON ST CRESTVIEW, FL 32536 | | |
| 2. Principal Place of Business - No P.O. Box # 395 Aplin Road Suite, Apt. #, etc. | | 3. Mailing Address 395 Aplin Road Suite, Apt. #, etc. | | | |
| City & State Crestview, FL Zip 32539 | | City & State Crestview, FL Zip 32539 | | 4. FEI Number 59-2998509 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LYKINS, CLARENCE 664 BRUNSON STREET CRESTVIEW, FL 32536 | | | 7. Name and Address of New Registered Agent Name Paul Dodds Street Address (P.O. Box Number is Not Acceptable) 7156 Hwy. 85 N City Laurel Hill FL Zip Code 32567 | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | Paul Dodds Trustee | | 4/8/07 <small>DATE</small> | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MONK, GARY 142 SANDSTONE TRAIL CRESTVIEW, FL 32539 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR STUCKEY, DAVID 5815 LAKE DR CRESTVIEW, FL 32539 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PERRY, MELODY 7346 LEONARD BARNES RD. HOLT, FL 32564 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Perry, MEloDY 7346 Leonard Barnes Road Holt, FL 32564 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LYKINS, CLARENCE 64 BRUNSON STREET CRESTVIEW, FL 32536 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Jackson, Lorrageia 229 Terri Cove Niceville, FL 32578 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR DODDS, PAUL 7156 HWY 85, N. LAUREL HILL, FL 32567 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR PERRY, CHARLES A 7346 LEONARD BARNES RD. HOLT, FL 32564 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR Appling, Jeff 113 Twin Oak Drive Crestview, FL 32536 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Melody Perry, Treasurer | | 4/8/07 850-981-8198 <small>Date Daytime Phone #</small> | |