


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90013 013 ****61.25

DOCUMENT # N43724 1. Entity Name CRESTVIEW CHURCH OF THE NAZARENE, INC.					
Principal Place of Business 395 APLIN RD CRESTVIEW, FL 32539 US			Mailing Address 395 APLIN RD CRESTVIEW, FL 32539 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2998509	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		04212008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DODDS, PAUL 7156 HWY 85 N LAUREL HILL, FL 32567				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	P GARY MONK 277 LIMESTONE CIRCLE CRESTVIEW, FL 32539	<input checked="" 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	T PERRY, MELODY 7346 LEONARD BARNES RD. HOLT, FL 32564	<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 JACKSON, LORRAGENIA 229 TERRI COVE NICEVILLE, FL 32578	<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 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 APPLING, JEFF 113 TWIN OAK DR CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BRANDON LINZY 319 LAKEVIEW DRIVE CRESTVIEW, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>MELODY PERRY</u> <u>4/5/08</u> <u>850-981-8198</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT



40105638

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2008

CRESTVIEW CHURCH OF THE NAZARENE, INC.
395 APLIN RD
CRESTVIEW, FL 32539 US

SUBJECT: CRESTVIEW CHURCH OF THE NAZARENE, INC.
Ref. Number: N43724

We have received your document for CRESTVIEW CHURCH OF THE NAZARENE, INC. and check(s) totaling \$600.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Karen A Saly
Regulatory Specialist II

Letter Number: 608A00030542

THANK YOU!
Wesley

CHURCH OF THE NAZARENE 395 APLIN ROAD CRESTVIEW, FL 32539 PH. 850-682-7995		63-613-632	3876
Pay To The Order Of	FLORIDA DEPARTMENT OF STATE		\$ 600.00
SIX HUNDRED & 00/100		Dollars	
FIRST NATIONAL BANK OF CRESTVIEW CRESTVIEW, FL 32536-1119			
For	59-3998509		