

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43724

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** CRESTVIEW CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

395 APLIN RD  
CRESTVIEW, FL 32539 US

**New Principal Place of Business:**

**Current Mailing Address:**

395 APLIN RD  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

**FEI Number:** 59-2998509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DODDS, PAUL  
7156 HWY 85 N  
LAUREL HILL, FL 32567 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MONK, GARY  
Address: 277 LIMESTONE CIRCLE  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: TR ( ) Delete  
Name: STUCKEY, DAVID  
Address: 5815 LAKE DR  
City-St-Zip: CRESTVIEW, FL 32539

Title: T ( ) Delete  
Name: PERRY, MELODY  
Address: 7346 LEONARD BARNES RD.  
City-St-Zip: HOLT, FL 32564

Title: S ( ) Delete  
Name: JACKSON, LORRAGENIA  
Address: 229 TERRI COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: TR ( ) Delete  
Name: DODDS, PAUL  
Address: 7156 HWY 85, N.  
City-St-Zip: LAUREL HILL, FL 32567

Title: TR ( ) Delete  
Name: LINZY, BRANDON  
Address: 319 LAKEVIEW DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JACKSON, RUSTY  
Address: 229 TERRI COVE  
City-St-Zip: NICEVILLE, FL 32578 US

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

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

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

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

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

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: MELODY PERRY

T

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date