2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State
08-19-2008 90003 045 ****61.25

DOCUMENT # N44896

1. Entity Name
INTERLACHEN CHURCH OF THE NAZARENE, INCORPORATED

Principal Place of Business	Mailing Address
179 MILLER SQUARE INTERLACHEN, FL 32148	179 MILLER SQUARE INTERLACHEN, FL 32148

08092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3080349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLACK, ROBERT 101 MILLERS SQUARE INTERLACHEN, FL 32148	Name STIRES WILLIAM D. Street Address (P.O. Box Number is Not Acceptable) 101 MILLER SQUARE City INTERLACHEN FL Zip Code 32148

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 WILLIAM D. STIRES William D. St 8-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by September 12, 2008**	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, ROBERT S 101 MILLERS SQUARE INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STIRES WILLIAM D 101 MILLER SQUARE INTERLACHEN FL 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, DONALD 8019 VALLEY DRIVE KEYSTONE HEIGHTS, FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HESS, JOE 141 ASHLEY HAWTHORNE, FL 32640	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: William D. St 8-10-08 586.358.0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #