

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44896

FILED
Jun 26, 2009
Secretary of State

Entity Name: INTERLACHEN CHURCH OF THE NAZARENE, INCORPORATED

Current Principal Place of Business:

179 MILLER SQUARE
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

179 MILLER SQUARE
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 59-3080349 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STIRES, WILLIAM D
101 MILLER SQUARE
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

SMITH, NORMA F
8019 VALLEY DRIVE
KEYSTONE HEIGHTS, FL 32656 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: NORMA F SMITH

06/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STIRES, WILLIAM D
Address: 101 MILLERS SQUARE
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: SMITH, DONALD
Address: 8019 VALLEY DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TD () Delete
Name: HESS, JOE
Address: 141 ASHLEY
City-St-Zip: HAWTHORNE, FL 32640

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: SMITH, NORMA F
Address: 8019 VALLEY DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

Title: D (X) Change () Addition
Name: YONTS, DAVID
Address: 202 CANINE STREET
City-St-Zip: INTERLACHEN, FL 32148

Title: TD () Change (X) Addition
Name: YONTS, LINDA S
Address: 202 CANINE STREET
City-St-Zip: INTERLACHEN, FL 32148

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: NORMA F SMITH

SEC

06/26/2009

Electronic Signature of Signing Officer or Director

Date