


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90001 019 ****61.25

DOCUMENT # N49371
 1. Entity Name
CHURCH OF THE NAZARENE, INC.



Principal Place of Business
512 WINTERLAKE BLVD
LAKE PLACID, FL 33852 US

Mailing Address
P.O. BOX 217
LAKE PLACID, FL 33852 US

2. Principal Place of Business
512 Interlake Blvd

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Lake Placid, FL

City & State

Zip
33852 Country
Highlands

Zip Country



07172006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent
HEINZE, ARNOLD
1533 2ND TERRACE
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent
 Name
Robert Rogers
 Street Address (P.O. Box Number is Not Acceptable)
10 Horseshoe Ln.
 City
Lake Placid FL Zip Code
33852

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 *Robert Rogers* **7-30-06**
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 6, 2006

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	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DELMARTER, DALE			NAME	Rogers, Robert		
STREET ADDRESS	328 HIGHLANDS LAKE DR			STREET ADDRESS	10 Horseshoe Ln.		
CITY-ST-ZIP	LAKE PLACID, FL			CITY-ST-ZIP	Lake Placid FL 33870		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEINZE, ARNOLD			NAME	Willingham, Charles		
STREET ADDRESS	1533 2ND TERRACE			STREET ADDRESS	325 Belle Field Ave		
CITY-ST-ZIP	LAKE PLACID, FL			CITY-ST-ZIP	Lake Placid FL 33870		
TITLE	D/S	<input checked="" type="checkbox"/> Delete		TITLE	P/C	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARVEY, TAYLOR			NAME	Taylor, Timothy		
STREET ADDRESS	29 GLADES DR			STREET ADDRESS	800 Orbit Rd NW		
CITY-ST-ZIP	LAKE PLACID, FL			CITY-ST-ZIP	Lake Placid, FL 33852		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	T/D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LYONS, MARY			NAME	Bollman, Betty		
STREET ADDRESS	103 JADE WAY			STREET ADDRESS	855 Lake John Rd.		
CITY-ST-ZIP	LAKE PLACID, FL			CITY-ST-ZIP	Lake Placid FL 33852		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Osborne, Diane		
STREET ADDRESS				STREET ADDRESS	10 Corkwood Ave		
CITY-ST-ZIP				CITY-ST-ZIP	Lake Placid, FL 33852		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Timothy J Taylor* **8-1-06** **863-446-1339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #