2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N49371

1. Entity Name
CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
512 INTERLAKE BLVD	P.O. BOX 217
LAKE PLACID, FL 33852 US	LAKE PLACID, FL 33852 US

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

03062007   Chg-NP   CR2E037 (12/06)

4. FEI Number
59-2900857
Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ROGERS, ROBERT
10 HORSESHOE LN
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City _____ FL _____ Zip Code

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 _____

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 May 1, 2007**	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 NAME ROGERS, ROBERT STREET ADDRESS 10 HORSESHOE LN CITY-ST-ZIP LAKE PLACID, FL 33852	☐ Delete		TITLE NAME *Rogers, Robert* STREET ADDRESS *10 Horseshoe Lane* CITY-ST-ZIP *Lake Placid, Fl. 33852*	☐ Change ☐ Addition
TITLE D NAME WILLINGHAM, CHARLES STREET ADDRESS 325 BELLE FIELD AVE CITY-ST-ZIP LAKE PLACID, FL 33870	☐ Delete		TITLE NAME *Willingham, Charles* STREET ADDRESS *325 Belle Field Ave* CITY-ST-ZIP *Lake Placid, Fl 33852*	☐ Change ☐ Addition
TITLE PC NAME TAYLOR, TIMOTHY STREET ADDRESS 800 ORBIT RD NW CITY-ST-ZIP LAKE PLACID, FL 33852	☐ Delete		TITLE *PC* NAME *Taylor, Timothy* STREET ADDRESS *800 Orbit Rd* CITY-ST-ZIP *Lake Placid Fl. 33852*	☐ Change ☐ Addition
TITLE TD NAME BOLLMAN, BUTTY STREET ADDRESS 855 LAKE JUAN RD CITY-ST-ZIP LAKE PLACID, FL 33852	☑ Delete		TITLE *TD* NAME *Bollman, Betty* STREET ADDRESS *855 Lake June Rd.* CITY-ST-ZIP *Lake Placid, Fl 33852*	☑ Change ☐ Addition
TITLE D NAME ODBERINE, DIANE STREET ADDRESS 10 COOKWOOD AVE CITY-ST-ZIP LAKE PLACID, FL 33852	☑ Delete		TITLE *D* NAME *Osborne, Diane* STREET ADDRESS *10 Corkwood Ave* CITY-ST-ZIP *Lake Placid, Fl 33852*	☑ 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: *Robert Rogers*   *Robert Rogers*   *4/10/07*   *863 441 4567*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #