

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

2008 APR 11 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 512 INTERLAKE BLVD LAKE PLACID FL 33852 US	Mailing Address P.O. BOX 217 LAKE PLACID FL 33852 US
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1st MOORE CR2E037 (10/07)

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

4. FEI Number 59-2900857	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERS, ROBERT 10 HORSESHOE LN LAKE PLACID FL 33852	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800123234348 04/14/08--01010--012 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLINGHAM, CHARLES 325 BELLE FIELD AVE LAKE PLACID FL 33870	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC TAYLOR, TIMOTHY 800 ORBIT RD NW LAKE PLACID FL 33852	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BELLMAN, BETTY 855 LAKE JUAN RD LAKE PLACID FL 33852	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bollman, Betty</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ODBERINE, DIANE 10 CORKWOOD AVE LAKE PLACID FL 33852	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Osborne, Diane</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 T Rogers* *Robert Rogers* *Trustee* *3-19-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR