

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49371

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CHURCH OF THE NAZARENE, INC.

## Current Principal Place of Business:

512 INTERLAKE BLVD  
LAKE PLACID, FL 33852 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2900857      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROGERS, ROBERT  
10 HORSESHOE LN  
LAKE PLACID, FL 33852 US

## Name and Address of New Registered Agent:

TAYLOR, TIMOTHY L REV  
800 ORBIT RD NW  
LAKE PLACID, FL 33852 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: TIMOTHY L. TAYLOR

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROGERS, ROBERT  
Address: 10 HORSESHOE LN  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: WILLINGHAM, CHARLES  
Address: 325 BELLE FIELD AVE  
City-St-Zip: LAKE PLACID, FL 33870

Title: PC ( ) Delete  
Name: TAYLOR, TIMOTHY  
Address: 800 ORBIT RD NW  
City-St-Zip: LAKE PLACID, FL 33852

Title: TD ( ) Delete  
Name: BOLLMAN, BETTY  
Address: 855 LAKE JUAN RD  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: OSBORNE, DIANE  
Address: 10 CORKWOOD AVE  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: TIMOTHY L. TAYLOR

PC

04/28/2009

Electronic Signature of Signing Officer or Director

Date