

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49371

FILED
Jan 05, 2011
Secretary of State

Entity Name: CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

512 W. 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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: TD
Name: SACKETT, KENNETH L
Address: 490 GRAPE RD.NW
City-St-Zip: LAKE PLACID, FL 33852

Title: P
Name: TAYLOR, TIMOTHY
Address: 800 ORBIT RD NW
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: BOLLMAN, BETTY
Address: 855 LAKE JUNE RD
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: TOWNSLEY, CHRIS
Address: 737 SUNSET POINTE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: GALLOWAY, MICHAEL
Address: 259 THURMAN AVE
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY L. TAYLOR

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01/05/2011

Electronic Signature of Signing Officer or Director

Date