

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90042 031 \*\*\*\*61.25

<b>DOCUMENT # N94000000308</b>			
1. Entity Name <b>SAN MATEO FIRST CHURCH OF THE NAZARENE, INC.</b>			
Principal Place of Business <b>496 S HIGHWAY 17 S SAN MATEO FL 32187</b>		Mailing Address <b>PO BOX 1268 SAN MATEO FL 32187</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>WILLINK, DAVID M 496 S. HWY. 17 SAN MATEO FL 32187</b>		7. Name and Address of New Registered Agent Name <b>R. Howard Rogers</b> Street Address (P.O. Box Number is Not Acceptable) <b>496 S. Hwy 17</b> City <b>San Mateo</b> FL Zip Code <b>32187</b>	
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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 R. Howard Rogers R Howard Rogers 4-30-06  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when removing) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FAKE, ERNIE 802 SQUIRREL TREE TRAIL SATSUMA FL 32189</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee Gallagher Charles 225 East End Road San Mateo, FL 32187</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILLINK, DAVID M 496 S. HWY. 17 SAN MATEO FL 32187</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pastor R. Howard Rogers, R. Howard 496 S. Hwy 17 San Mateo, FL 32187</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEW CANADAY, BARBARA 145 WEERTS ROAD SAN MATEO FL 32187</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Steward Beard, Blanch 211 Clearwater Rd Satsuma, FL 32189</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LOUIS, WARREN 239 BUFFALO BLUFF RD. SATSUMA FL 32189</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FAKE, ANNA 802 SQUIRREL TREE TRAIL SATSUMA FL 32189</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Louis M. Warren LOUIS M. WARREN 4-30-06 (386) 649-9963