

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000308

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** SAN MATEO FIRST CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

496 S HIGHWAY 17 S  
SAN MATEO, FL 32187

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1268  
SAN MATEO, FL 32187

**New Mailing Address:**

**FEI Number:** 59-2383652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R. HOWARD ROGERS  
496 S. HWY. 17  
SAN MATEO, FL 32187 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: TR ( ) Delete  
Name: GALLAGHER, CHARLES  
Address: 225 E. END RD.  
City-St-Zip: SAN MATEO, FL 32187

Title: P ( ) Delete  
Name: ROGERS, R H  
Address: 496 S. HWY. 17  
City-St-Zip: SAN MATEO, FL 32187

Title: S ( ) Delete  
Name: BEARD, BLANCH  
Address: 211 CLEARWATER RD  
City-St-Zip: SATSUMA, FL 32189

Title: T ( ) Delete  
Name: LOUIS, WARREN  
Address: 239 BUFFALO BLUFF RD.  
City-St-Zip: SATSUMA, FL 32189

Title: S ( ) Delete  
Name: GALLAGHER, JOANN  
Address: 225 EAST END ROAD  
City-St-Zip: SAN MATEO, FL 32187

**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: LOUIS M. WARREN

TREA

03/31/2009

Electronic Signature of Signing Officer or Director

Date