2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003578

Feb 27, 2004 Secretary of State

Entity Name: PHILADELPHIA CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business: New Principal Place of Business: 1433 WEST 9TH STREET RIVIERA BEACH, FL 34404 LIS **Current Mailing Address: New Mailing Address:** PO BOX 222263 WEST PALM BEACH, FL 334222263 US FEI Number: 65-0518412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILOGENE, JEAN-EMMANUEL 1700 N CONGRESS AVE APT 205 WEST PALM BEACH, FL 33415 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PHILOGENE, JEAN-EMMANUEL Name: Name: 339 FORESTA TERR Address: Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: FILBERT, DARLOUIS Name: FILBERT, DORLOUIS Address: 339 FORESTA TERRACE Address: 339 FORESTA TERRACE City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: WEST PALM BEACH, FL 33415 Title: () Delete Title: () Change () Addition CLAUSETT, DEVALLON Name: Name: Address: 4897 TORTUGA DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: () Delete Title: Title: () Change () Addition PHILOGENE, JEAN E Name: Name: 1700 N CONGRESS AVE A#205 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition CLAUSETTE, DEVALLON Name: Name: 4897 TORTUGA DRIVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: () Delete Title: () Change () Addition PETIT-NOEL, JOEL Name: Name: Address: 5759 ARUBA WAY Address: WEST PALM BEACH, FL 33407 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEAN-EMMANUEL PHILOGENE DIRE 02/27/2004