

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003578

FILED
Mar 31, 2009
Secretary of State

Entity Name: PHILADELPHIA CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

1433 WEST 9TH STREET
RIVIERA BEACH, FL 34404 US

New Principal Place of Business:

Current Mailing Address:

200 ONTARIO PL
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0518412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHILOGENE, JEAN-EMMANUEL
200 ONTARIO PL.
WEST PALM BEACH, FL 33409 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: P () Delete
Name: PHILOGENE, JEAN-EMMANUEL
Address: 200 ONTARIO PL
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP () Delete
Name: DORLOUIS, FILBERT
Address: 339 FORESTA TERRACE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S () Delete
Name: DEVALLO, CLAUSETTE
Address: 4897 TORTUGA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TREA () Delete
Name: JEAN, EVANS
Address: 6673 4TH STREET
City-St-Zip: JUPITER, FL 33458

Title: AT () Delete
Name: ANNETTE, DORLOUIS
Address: 339 FORETA TERRACE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: M () Delete
Name: LEJEUNE, MOISE
Address: 4317 3RD STREET
City-St-Zip: LAKE PARK, FL 33403

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
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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: JEAN-EMMANUEL PHILOGENE

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date