2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005749

FILED Mar 05, 2009 Secretary of State

Entity Name: FAITH FAMILY COMMUNITY CHURCH OF THE NAZARENE INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 305 BEULAH RD WINTER GARDEN, FL 34787 LIS **Current Mailing Address: New Mailing Address:** P O BOX 770715 WINTER GARDEN, FL 347770715 US FEI Number: 59-3197925 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: PAGE, RICK 305 BEULAH RD WINTER GARDEN, FL 34787 US 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: () Delete (X) Change () Addition PAGE, RICK PAGE, RICK Name: Name: 1085 ORANGE WHARF CT. Address: 1085 ORANGE WHARF CT. Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 US Title: Title: () Delete () Change () Addition CAMPBELL, SARA Name: Name: Address: 5014 BEACH RIVER ROAD Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: Title: () Change () Addition () Delete VEIT, KATHY Name: Name: 17040 FLORENCE VIEW DRIVE Address: Address: City-St-Zip: MONT VERDE, FL 34756 City-St-Zip: () Delete Title: Title: D (X) Change () Addition WOODBURY, JUDY Name: Name: REESE, BILL Address: 12540 C.R. 561, LOT #16 Address: 651 DUFF ROAD City-St-Zip: CLERMONT, FL 34711 City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: (X) Change () Addition LAND, JOE AKINS, GARY Name: Name: 11405 LAKE TREE CT. 11230 LAKE KATHERINE CIRCLE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition NICHOLS, JIM Name: Name: Address: 5147 LOG WAGON ROAD Address: OCOEE, FL 34761 City-St-Zip: 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: KIM NICHOLS SECR 03/05/2009