2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# N95000001701

Entity Name: NORTH PORT CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

4330 S. BISCAYNE
NORTH PORT, FL 34232

New Principal Place of Business:

4330 S. BISCAYNE
NORTH PORT, FL 34286

Current Mailing Address:

6706 AMERICANS AVE
NORTH PORT, FL 34286 US

New Mailing Address:

6706 AMERICANA AVE
NORTH PORT, FL 34291 US

FEI Number: 65-0560136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARTLETT, CAROLYN
360 GARDENIA ST
VENICE, FL 34293 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: CAROLYN BARTLETT
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KENES, JAMES E REV
Address: 6706 AMERICANA AVE
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete
Name: BARTLETT, CAROLYN
Address: 360 GARDENIA ST
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: PENOYAR, NANCY
Address: 142ND BERMUDA WAY
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KENES, JAMES E REV
Address: 6706 AMERICANA AVE
City-St-Zip: NORTH PORT, FL 34291

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: JAMES E. KENES D 11/03/2008
Electronic Signature of Signing Officer or Director — Date