

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001745

FILED
Feb 02, 2009
Secretary of State

Entity Name: FAITH COMMUNITY CHURCH OF THE NAZARENE INC.

Current Principal Place of Business:

6455 HIDDEN OAKS LANE
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

6455 HIDDEN OAKS LANE
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-0530132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUCK, ROY A
6455 HIDDEN OAKS LANE
NAPLES, FL 34119 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: T () Delete
Name: ZAWISTOWSKI, CHRIS
Address: 2655 WHITE CEDAR LN
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: DUPREE, DAVID
Address: 5338 GEORGIA AVE
City-St-Zip: NAPLES, FL 34113

Title: S () Delete
Name: CARAZA, ANNA
Address: 1820 10TH AVE N.E.
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: MORHARD, LUDWIG
Address: 1703 TRIANGLE PALM TERR.
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUPREE, DAVID
Address: 5338 GEORGIA AVE
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HART, AL
Address: 1120 9TH AVE N.
City-St-Zip: NAPLES, FL 34102 FL

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: ROY A. SHUCK

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date