

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000006053

**FILED**  
**Apr 05, 2004**  
**Secretary of State**

**Entity Name:** FIRST CHURCH OF THE NAZARENE OF PUNTA GORDA, INC.

**Current Principal Place of Business:**

512 E ALLEN ST  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

406 E. HENRY ST.  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 59-1573582      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DENBY, JOHN  
406 E. HENRY ST.  
PUNTA GORDA, FL 33950      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: PD      ( ) Delete  
Name: DENBY, JOHN  
Address: 406 E HENRY ST  
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD      ( ) Delete  
Name: PARKER, JOANNE  
Address: 421 W MCKENZIE ST  
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD      ( ) Delete  
Name: HARLESS, CLARA  
Address: 3314 SUNNY HARBOR DR  
City-St-Zip: PUNTA GORDA, FL 33982

**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:

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: JOANNE PARKER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MS.

04/05/2004

\_\_\_\_\_  
Date