2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003894

Apr 28, 2006 Secretary of State

Entity Name: CHURCH OF THE NAZARENE OF KEY LARGO, INC.

Current Principal Place of Business: New Principal Place of Business: US 1 AT MM 100.4 KEY LARGO, FL 33037 **Current Mailing Address: New Mailing Address:** P.O.BOX 800 KEY LARGO, FL 33037 US FEI Number: 59-1573577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, RALPH O REV 21 S.E. MÁRLIN AVE KEY LARGO, FL 33037 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: () Change () Addition () Delete WILLIAMS, RALPH O Name: Name: 21 S.E. MARLIN AVE. Address: Address: City-St-Zip: KEY LARGO, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition DASH, ROBERT Name: Name: GRAY, MARY Address: 1314 ROYAL PALM DR. Address: 35 ATLANTIC DR. City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: KEY LARGO, FL 33037 Title: () Delete Title: (X) Change () Addition DASH, LEIGHANNE WILLIAMS, LEANNE Name: Name: 1314 ROYAL PALM DR. Address: Address: 21 SE MARLIN AVE. City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: KEY LARGO, FL 33037 Title: (X) Delete Title: () Change () Addition Name: WILLIAMS, LEANNE Name: Address: 21 SE MARLIN AVE. Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH O. WILLIAMS D 04/28/2006