

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003894

FILED
Apr 26, 2007
Secretary of State

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

Current Principal Place of Business:

US 1 AT MM 100.4
KEY LARGO, FL 33037

New Principal Place of Business:

100390 OVERSEAS HWY
KEY LARGO, FL 33037 US

Current Mailing Address:

P.O.BOX 800
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 59-1573577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, RALPH O REV
21 S.E. MARLIN AVE
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

WILLIAMS, RALPH O REV
2436 SE 19TH CT.
HOMESTEAD, FL 33035 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: RALPH O. WILLIAMS

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, RALPH O
Address: 21 S.E. MARLIN AVE.
City-St-Zip: KEY LARGO, FL

Title: D () Delete
Name: GRAY, MARY
Address: 35 ATLANTIC DR.
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: WILLIAMS, LEANNE
Address: 21 SE MARLIN AVE.
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, RALPH O
Address: 2436 SE 19TH CT.
City-St-Zip: HOMESTEAD, FL 33035 US

Title: D (X) Change () Addition
Name: GRAY, MARY
Address: 35 ATLANTIC DR.
City-St-Zip: KEY LARGO, FL 33037 US

Title: D (X) Change () Addition
Name: WILLIAMS, LEANNE
Address: 2436 SE 19TH CT.
City-St-Zip: HOMESTEAD, FL 33035 US

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: RALPH O. WILLIAMS

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date