

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004424

FILED  
Mar 09, 2005  
Secretary of State

Entity Name: UNIVERSITY CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

425 GENEVA DR  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

425 GENEVA DR  
OVIEDO, FL 32765 US

**New Mailing Address:**

FEI Number: 59-3559334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAFERRIERE, RONALD J  
839 BENCHWOOD CT.  
WINTER SPRINGS, FL 32708 US

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

HENDRICKSON, MARK A  
425 GENEVA DRIVE  
OVIEDO, FL 32765 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: MARK A. HENDRICKSON

03/09/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAFERRIERE, RONALD J  
Address: 839 BENCHWOOD COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T ( ) Delete  
Name: ABBOTT, CHERYL C  
Address: 1126 FRANCISCO WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ST ( ) Delete  
Name: STILES, MARSHALL  
Address: 128 LAKESIDE CIR.  
City-St-Zip: SANFORD, FL 32773

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CP (X) Change ( ) Addition  
Name: HENDRICKSON, MARK A  
Address: 425 GENEVA DRIVE  
City-St-Zip: OVIEDO, FL 32765

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

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

Title: CP ( ) Change (X) Addition  
Name: HENDRICKSON, STEFANIE D  
Address: 425 GENEVA DRIVE  
City-St-Zip: OVIEDO, FL 32765

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: CHERYL C. ABBOTT

T

03/09/2005

Electronic Signature of Signing Officer or Director

Date