

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000004948

1. Entity Name

**PORT ST. JOE CHURCH OF THE NAZARENE
INCORPORATED**



Principal Place of Business

Mailing Address

**2420 LONG AVE
PORT ST JOE FL 32456**

**2420 LONG AVE
PORT ST-JOE FL 32456**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6546055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, MICHAEL H REV
2430 LONG AVE
PORT SAINT JOE FL 32456**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **EVANS, MICHAEL H**
CITY- ST- ZIP **2430 LONG AVE
PORT SAINT JOE FL 32456**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BOUINGTON, BETTY**
CITY- ST- ZIP **1014 WOODWARD AVE
PORT SAINT JOE FL 32456**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BOUINGTON, MITCHELL**
CITY- ST- ZIP **1502 PALM BLVD
PORT ST. JOE FL 32456**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MAMORAN, JESS**
CITY- ST- ZIP **223 FRALEY ST
WEWAHITCHKA FL 32465**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 and, or on an attachment with an address, with all other like empowered.

SURE: Jess Mamoran *Jess Mamoran* **2/27/07 150-638 2196**