

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004948

FILED
Jan 10, 2009
Secretary of State

Entity Name: PORT ST. JOE CHURCH OF THE NAZARENE INCORPORATED

Current Principal Place of Business:

2420 LONG AVE
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

2420 LONG AVE
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 59-6546055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, MICHAEL H REV
2430 LONG AVE
PORT SAINT JOE, FL 32456 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: DP () Delete
Name: EVANS, MICHAEL H
Address: 2430 LONG AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: S () Delete
Name: BOUINGTON, BETTY
Address: 1014 WOODWARD AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T () Delete
Name: BOUINGTON, MITCHELL
Address: 1502 PALM BLVD.
City-St-Zip: PORT ST. JOE, FL 32456

Title: T () Delete
Name: MAMORAN, JESS
Address: 223 FRALEY ST
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EVANS, MICHAEL H REV
Address: 2430 LONG AVE
City-St-Zip: PORT SAINT JOE, FL 32456

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 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: H. MICHAEL EVANS

REV.

01/10/2009

Electronic Signature of Signing Officer or Director

Date