

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003183

FILED
May 04, 2004
Secretary of State

Entity Name: NEW LIFE CHURCH OF NAZARENE INC.

Current Principal Place of Business:

4513 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

4513 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 59-6543225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, LEONARD
4513 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

ADAMS, LEONARD
P O BOX 7559
TALLAHASSEE, FL 32314 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: LEONARD ADAMS

05/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, LEONARD
Address: 4513 CRAWFORDVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: T () Delete
Name: BENNETT, STANLEY
Address: 4509 CRAWFORDVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32310

Title: T () Delete
Name: GRICE, JONNIE
Address: P.O. BOX 10232
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADAMS, LEONARD
Address: P O BOX 7559
City-St-Zip: TALLAHASSEE, FL 32314

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

Title: T (X) Change () Addition
Name: GRICE, JONNY
Address: P.O. BOX 10232
City-St-Zip: TALLAHASSEE, FL 32308

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: LEONARD ADAMS

D

05/04/2004

Electronic Signature of Signing Officer or Director

Date