2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 31, 2006 8:00 am Secretary of State DOCUMENT # N99000067053-1. Entity Name 08-31-2006 90003 028 ****61.25 GOULDS FIRST CHURCH OF THE NAZARENE, INC. Principal Place of Business Mailing Address 11805 SW 232 ST, GOULDS FL 33170 POST OFFICE BOX 425 GOULDS FL 33170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 2nd MOORE CR2E037 (4/06) City & State City & State 4. FEI Number Applied For 65-0501824 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL, LARRY V II 11805 SW 232 STR GOULDS FL 33170 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 png (NOTE: Registered Agent signature required when romstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Due By September 6, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, TITLE Delete TITLE Change Addition ALLEN, LILLIAN NAME 8741 NW 34TH AVE, RD. STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete ☐ Change ■ Addition COFFEE, WILLIE NAME NAME 11965 SW 217TH ST. STREET ADDRESS STREET ADORESS CITY - ST - ZIP GOULDS FL 33170 CITY-ST-7IP TITLE 'Dëlete -- [:] Change -- [:] Addition TITLE HUGHES, CYNTHIA NAME NAME STREET ADDRESS 9860 DOMINICAN DRIVE STREET ADDRESS MIAMI FL 33189 CITY-ST-ZIP CtTY-ST-ZIP D TRLE Delete ☐ Change ☐ Addition MITCHELL, LARRY NAME NAME 11805 SW 232 STR STREET ADDRESS STREET ADDRESS CITY ST - ZIP GOULDS FL 33170 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Inthia Hughes Cynthia thay

8/26/06 305-235-699/

FILED