

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10657

**Entity Name:** PORT ORANGE CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

840 TAYLOR RD  
PORT ORANGE, FL 32127

**Current Mailing Address:**

840 TAYLOR RD  
PORT ORANGE, FL 32127 US

**FEI Number:** 59-6543227

**Certificate of Status Desired:** No

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

SHOWALTER, GERRON  
840 TAYLOR RD  
PORT ORANGE, FL 32127 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:** GERRON SHOWALTER

04/20/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHOWALTER, GERRON  
Address        840 TAYLOR RD  
City-State-Zip: PORT ORANGE FL 32127

Title            TRUSTEE  
Name            BYRUM, JIM  
Address        840 TAYLOR RD  
City-State-Zip: PORT ORANGE FL 32127

Title            TREASUER, TRUSTEE  
Name            BOOLMAN, SHERRY A  
Address        870 TAYLOR RD  
City-State-Zip: PORT ORANGE FL 32128

Title            SECRETARY, STEWARD  
Name            JOHNSON, DEBBIE  
Address        840 TAYLOR RD  
City-State-Zip: PORT ORANGE FL 32127

Title            TRUSTEE  
Name            ENYART, JOHN  
Address        840 TAYLOR RD  
City-State-Zip: PORT ORANGE FL 32127

Title            OTHER  
Name            BOAN, KIMMY  
Address        840 TAYLOR RD  
City-State-Zip: PORT ORANGE FL 32127

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHERRY BOOLMAN

**TREASURER**

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date