## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10657

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

**FILED** Apr 26, 2017 **Secretary of State** CC7134046655

**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 04/26/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **TRUSTEE** 

SHOWALTER, GERRON BAKER, MARK Name Name 840 TAYLOR RD 1218 THOMASINA DRIVE Address Address

City-State-Zip: PORT ORANGE FL 32129 PORT ORANGE FL 32127 City-State-Zip:

Title **TRUSTEE** Title TRUSTEE

Name KODEY, LYNNE Name PRENDERGAST, KEVIN

Address 4627 SECRET RIVER TRAIL Address 401 RIDGEWAY BLVD.

PORT ORANGE FL 32129 City-State-Zip: City-State-Zip: DELAND FL 32174

Title **OFFICER** Title TREASUER, TREASURER

Name WARREN, PEGGY SEIM. PATTI S Name

Address 690 LOUELLA STREET Address 6123 SABAL POINT CIRCLE

City-State-Zip: NEW SMYRNA BEACH FL 32168 PORT ORANGE FL 32128 City-State-Zip:

Title SECRETARY, STEWARD

NATHEY, PATSY Name 840 TAYLOR RD Address

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.

04/26/2017 SIGNATURE: PATTI S. SEIM TREASURER