

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10657

**FILED**  
**Apr 09, 2013**  
**Secretary of State**  
**CC0551494369**

**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:** Yes

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

HILDRETH, TIMOTHY F  
1409 ROYAL GROVE LANE  
PORT ORANGE, FL 32129 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:** TIMOTHY F. HILDRETH

04/09/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HILDRETH, TIMOTHY F  
Address        1409 ROYAL GROVE LANE  
City-State-Zip: PORT ORANGE FL 32129

Title            DIRECTOR  
Name            GARRETT, MARK  
Address        4204 PIONEER TRAIL  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIRECTOR  
Name            NATHEY, PATSEY  
Address        2262 TURNBULL BAY ROAD  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIRECTOR  
Name            SIEGFRIED, STEVEN  
Address        1945 COVE POINT ROAD  
City-State-Zip: PORT ORANGE FL 32128

Title            DIRECTOR  
Name            KODEY, LYNNE  
Address        4627 SECRET RIVER TRAIL  
City-State-Zip: PORT ORANGE FL 32129

Title            DIRECTOR  
Name            GARRETT, BETTY  
Address        4048 CARDINAL BLVD.  
City-State-Zip: PORT ORANGE FL 32127

Title            TREASURER  
Name            BURKE, BARBARA J  
Address        2203 CRANE LAKES BLVD.  
City-State-Zip: PORT ORANGE FL 32128

*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:** BARBARA J. BURKE

**SECRETARY/TREASURER** 04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date