

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10657

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC2059857303**

**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:**

HILDRETH, TIMOTHY F  
185 WESTWOOD DRIVE  
DAYTONA BEACH, FL 32119 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

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HILDRETH, TIMOTHY F  
Address        185 WESTWOOD DRIVE  
City-State-Zip: DAYTONA BEACH FL 32119

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

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

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

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

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

Title            OFFICER  
Name            WARREN, PEGGY  
Address        690 LOUELLA STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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

**SEC/TREASURER**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date