2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10657

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

FILED
Mar 09, 2016
Secretary of State
CC3685250150

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 03/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title TRUSTEE

Name HILDRETH, TIMOTHY F Name BAKER, MARK

Address 185 WESTWOOD DRIVE Address 1218 THOMASINA DRIVE

City-State-Zip: DAYTONA BEACH FL 32119 City-State-Zip: PORT ORANGE FL 32129

Title TRUSTEE Title TRUSTEE

NamePRENDERGAST, KEVINNameSIEGFRIED, STEVENAddress401 RIDGEWAY BLVD.Address1945 COVE POINT ROADCity-State-Zip:DELAND FL 32174City-State-Zip:PORT ORANGE FL 32128

Title TRUSTEE Title SEC/TREASUER

Name KODEY, LYNNE Name BURKE, BARBARA J

Address 4627 SECRET RIVER TRAIL Address 2203 CRANE LAKES BLVD.

City-State-Zip: PORT ORANGE FL 32129 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 SECRETARY 03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date