

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N29715

Entity Name: CHURCH OF THE NAZARENE OF TAVARES, INC.

Current Principal Place of Business:

32151 DAVID WALKER RD.
TAVARES, FL 32778

Current Mailing Address:

32151 DAVID WALKER RD.
TAVARES, FL 32778

FEI Number: 59-2911684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARRY, CARL WSR.
2820 WEKIVA ROAD
TAVARES, FL 32778 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name PARRY, CARL WSR.
Address 2820 WEKIVA ROAD
City-State-Zip: TAVARES FL 32778

Title TREASURER
Name STEWART, DANIEL L
Address 1512 GOLDEN PALM CIRCLE
P. O. BOX 1917
City-State-Zip: TAVARES FL 32778

Title CORRESPONDING SECRETARY
Name HAMLIN, JOYCE
Address 11835 HUGGINS ROAD
City-State-Zip: LEESBURG FL 34788

Title STEWARD
Name GAARD, BETTY
Address 2547 CROOKED LAKE DRIVE
City-State-Zip: EUSTIS FL 32726

Title STEWARD
Name GANTZ, CARYN
Address 2504 MONTECITO AVE.
City-State-Zip: EUSTIS FL 32726

Title STEWARD
Name SAKADUSKI, BAYNE
Address 87 HOLLY DRIVE
City-State-Zip: TAVARES FL 32778

Title PASTOR
Name TOOLEY, JOEL
Address 21248 EVERGREEN COURT
City-State-Zip: MOUNT DORA FL 32757

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: JOEL TOOLEY

PASTOR

01/31/2014

Electronic Signature of Signing Officer/Director Detail

Date