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: MELANIE HICKS

Electronic Signature of Signing Officer/Director Detail

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:

Officer/Director Detail :

Title	Т	Title	Т
Name	HICKS, MELANIE	Name	DIETRICK, RAYMOND
Address	35841 OAKRIDGE DRIVE	Address	24929 LEARN RD.
City-State-Zip:	LEESBURG FL 34788	City-State-Zip:	LEESBURG FL 34788
Title Name Address	ST PARRY, CARL WSR. 2820 WEKIVA ROAD		

City-State-Zip: TAVARES FL 32778

Certificate of Status Desired: Yes

Current Principal Place of Business: 32151 DAVID WALKER RD. TAVARES. FL 32778

Current Mailing Address:

32151 DAVID WALKER RD. TAVARES. FL 32778

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

PARRY, CARL WSR.

2820 WEKIVIA ROAD TAVARES, FL 32778 US

FEI Number: 59-2911684

DOCUMENT# N29715 Entity Name: CHURCH OF THE NAZARENE OF TAVARES, INC.

FILED Mar 02, 2013 Secretary of State CC7119034675

Date

Date

TREASURER

03/02/2013