FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710189 (2)

1. Corporation Name
METRO WEST CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
10 SO. HIAWASSEE ROAD ORLANDO FL 32835-1002	10 SO. HIAWASSEE ROAD ORLANDO FL 32835-1002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1966
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-1869350 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

VAUGHN, DAVID M.
8715 LANSMERE LANE
ORLANDO FL 32811

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD ☒ Change ☐ Addition
NAME	GRADY, FAYE	1.2 NAME	THOMAS, DONNA
STREET ADDRESS	5518 RIVIERA DR.	1.3 STREET ADDRESS	1920 HASTINGS ST.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, STANLEY	2.2 NAME	
STREET ADDRESS	512 NICOLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	LESSORD, KAREN	3.2 NAME	TD
STREET ADDRESS	121 GRAND JUNCTION BLVD	3.3 STREET ADDRESS	FISHER, SUZANNE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	906 ALASKA AVE. OCOEE, FL
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	LAMOTHE, JAMES	4.2 NAME	
STREET ADDRESS	7245 DR. PHILLIPS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHN, DAVID M.	5.2 NAME	
STREET ADDRESS	8715 LANSMERE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne Fisher 4/18/95 407-293-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014444