

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710189** (2)
1. Corporation Name
METRO WEST CHURCH OF THE NAZARENE, INC.



Principal Place of Business 10 SO. HIWASSEE ROAD ORLANDO FL 32835-1002	Mailing Address 10 SO. HIWASSEE ROAD ORLANDO FL 32835-1002
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3. Date Incorporated or Qualified 01/10/1966	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAUGHN, DAVID M.
8715 LANSMERE LANE
ORLANDO FL 32811**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, DONNA	1.2 NAME	
STREET ADDRESS	1920 HASTINGS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, STANLEY	2.2 NAME	
STREET ADDRESS	512 NICOLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOOE FL	2.4 CITY-ST-ZIP	
TITLE	TD ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	FISHER, SUZANNE	3.2 NAME	TD
STREET ADDRESS	908 ALASKA AVENUE	3.3 STREET ADDRESS	Lessord, Karen
CITY-ST-ZIP	OCOOE FL	3.4 CITY-ST-ZIP	121 Grand Junction Blvd
TITLE	C ☐ DELETE	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 ☐ DELETE	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	☐ DELETE	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Date

407/293-2781

Daytime Phone # 0017794

CR2E037 (9/96)