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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 717874 (2)

1. Corporation Name
PRINCETON CHURCH OF THE NAZARENE, INC.



Principal Place of Business: 24800 SW 134 AVE, PO BOX 4311, HOMESTEAD FL 33032, US
Mailing Address: P. O. BOX 4311, HOMESTEAD FL 33092, US

3. Date Incorporated or Qualified: 01/13/1970
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business: 21 24800 SW 134 AVE, Suite, Apt. #, etc. P.O. BOX 924311, City & State PRINCETON, FL, Zip 33032, Country US
2a. Mailing Address: 26 P.O. BOX 924311, Suite, Apt. #, etc. PRINCETON, FL, Zip 33092-4311, Country US
4. FEI Number: 59-6560211, Applied For Not Applicable
5. Certificate of Status Desired: [X] \$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 [X] No

9. Name and Address of Current Registered Agent
UNDERWOOD, ALLAN
21700 S.W. 157TH AVENUE
GOULDS FL 33170

10. Name and Address of New Registered Agent
81 Name: RICHARD SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 23050 S.W. 152 AVE
83
84 City: MIAMI, FL, 85 Zip Code: 33170

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: Richard Smith, DATE: 1/17/97

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GIVENS, THOMAS W	
STREET ADDRESS	22190 SW 167 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRIDGES, JOYCE	
STREET ADDRESS	23901 SW 157 AVE.	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	SPEAR, JAMES W	
STREET ADDRESS	24821 SW 134TH AVE	
CITY - ST - ZIP	PRINCETON FL	
TITLE	TRD	<input checked="" type="checkbox"/> DELETE
NAME	WARD, THOMAS B JR.	
STREET ADDRESS	8151 SW 203 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: James W Spear, DATE: 1-22-97, 305-2583181

CR2E037 (9/96)