

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 728428 (4)**

1. Corporation Name

**ADVISORY BOARD OF THE NORTH FLORIDA DISTRICT, CHURCH OF THE NAZARENE, INC.**



Principal Place of Business

Mailing Address

**4741 ATLANTIC BLVD  
STE E-4  
JAX FL 32207  
US**

**4741 ATLANTIC BLVD  
STE E-4  
JAX FL 32207  
US**

3. Date Incorporated or Qualified  
**12/18/1973**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
**59-6543225**

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

**GUNTER, D MOODY  
12508 MASTERS RIDGE DR  
BOX 519  
JACKSONVILLE FL 32225**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **SD JENKINS, ORVILLE J**  
STREET ADDRESS **3930 UNIVERSITY BLVD S**  
CITY-ST-ZIP **JACKSONVILLE FL**

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP **32216**

TITLE ☐ DELETE  
NAME **T PATRICK, MARK**  
STREET ADDRESS **4151 WOODCOCK DR, STE 103**  
CITY-ST-ZIP **JACKSONVILLE FL**

21 TITLE ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS **4040 WOODCOCK BLVD, SUITE 230**  
24 CITY-ST-ZIP **32207**

TITLE ☐ DELETE  
NAME **D STRICKLAND, IRA**  
STREET ADDRESS **1054 HARVEST COVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP **32221**

TITLE ☐ DELETE  
NAME **P GUNTER, D MOODY**  
STREET ADDRESS **12508 MASTERS RIDGE DR, BOX 519**  
CITY-ST-ZIP **JACKSONVILLE FL**

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP **32225**

TITLE ☐ DELETE  
NAME **D ACHESON, CHARLES**  
STREET ADDRESS **201 S ORANGE ST**  
CITY-ST-ZIP **NEW SMYRNA BCH FL**

51 TITLE ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP **32132**

TITLE ☐ DELETE  
NAME **D BRICEFIELD, LARRY**  
STREET ADDRESS **P.O. BX 327 N/A**  
CITY-ST-ZIP **HERNANDO FL**

61 TITLE ☒ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP **34442**

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)(k), 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:

*D. Moody Gunter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/18/96**

**904 391 0066**

DATE DAYTIME PHONE

CR2E037 (12/95)