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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moffham
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 32207-2168
US

3. Date Incorporated or Qualified
12/18/1973

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-6543225

Applied For

X 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

X 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
1.2 NAME Campbell, Tom
1.3 STREET ADDRESS 908 E. Rich Ave.
1.4 CITY-ST-ZIP DeLand, FL 32724

TITLE T DELETE
NAME PATRICK, MARK
STREET ADDRESS 4040 WOODCOCK DRIVE STE 230
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE D Change Addition
2.2 NAME Cox, Ruth
2.3 STREET ADDRESS 8375 Bascom Rd.
2.4 CITY-ST-ZIP Jacksonville, FL 32216

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

3.1 TITLE D Change Addition
3.2 NAME Mills, Doug
3.3 STREET ADDRESS 1983 Mahan Dr.
3.4 CITY-ST-ZIP Tallahassee, FL 32308

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

4.1 TITLE D Change Addition
4.2 NAME Ostendorf, Scott
4.3 STREET ADDRESS 2863 Greenridge Rd.
4.4 CITY-ST-ZIP Orange Park, FL 32571

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

5.1 TITLE D Change Addition
5.2 NAME Sawyer, Ed
5.3 STREET ADDRESS 38328 Crown PL
5.4 CITY-ST-ZIP Ladylake, FL 32159

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

6.1 TITLE Change 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)(l), 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 D. Moody Gunter 2/13/97 904-391-0066
NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004976

CF2E037 (9/96)