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 # **729206** **(3)**

1. Corporation Name

STUART CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
3620 S.E. DIXIE HIGHWAY ~~P.O. BOX 836~~ STUART FL 34995	3620 S.E. DIXIE HIGHWAY P.O. BOX 836 STUART FL 34995

3. Date Incorporated or Qualified: 03/29/1974
3a. Date of Last Report: 06/06/1995

2. Principal Place of Business	2a. Mailing Address
21 3620 SE Dixie Highway	26 PO Box 836
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Stuart, FL	28 City & State: Stuart, FL
24 Zip: 34997 25 Country: USA	29 Zip: 34995 30 Country: USA

4. FEI Number: ~~59-2473575~~ 59-1573575 ☐ 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
BICKES, PAUL ~~3400~~ SW SUNSET TRACE CIR. PALM CITY FL 34990	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3493 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: Paul Bickes / Senior Pastor — Paul Bickes — 1/24/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, EDGAR A. JR. 4680 NE SANDPEBBLE TREE STUART FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~LAWRENCE, GREGORY T.~~ ~~3734 S.E. JANICE DR.~~ ~~HOBE SOUND FL~~	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SD Gallogly, Thomas 4621 Shady Ridge Stuart, FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD BICKES, PAUL ~~3400~~ SW SUNSET TRACE PALM CITY FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	3493	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~MORGAN, REX~~ ~~6600 SE SILVERBELL AVE.~~ ~~STUART FL~~	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T Beirnes, Malcolm 8845 SE Bahama Circle Hobe Sound, FL 33455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENGEBRETSEN, SHAWN 2126 NW FORK RD. STUART FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Paul Bickes — 1/24/96 — (407) 283-8343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #