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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

3620 S.E. DIXIE HIGHWAY
STUART FL 34995
US

Mailing Address

PO BOX 836
STUART FL 34995-0836
US3. Date Incorporated or Qualified
03/29/19743a. Date of Last Report
02/08/1996

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
59-1573575Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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
3493
PALM CITY FL 34990

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

TITLE D DELETE
NAME CARTER, EDGAR A. JR.
STREET ADDRESS 4680 NE SANDPEBBLE TREE
CITY-ST-ZIP STUART FLTITLE SD DELETE
NAME GALLOGLY, THOMAS
STREET ADDRESS 4621 SHADY RIDGE
CITY-ST-ZIP STUART FLTITLE PCD DELETE
NAME BICKES, PAUL
STREET ADDRESS 3493 SW SUNSET TRACE
CITY-ST-ZIP PALM CITY FLTITLE T DELETE
NAME BERNES, MALCOLM
STREET ADDRESS 8845 SE BAHAMA CIR
CITY-ST-ZIP HOBE SOUND FLTITLE D DELETE
NAME ENGBRETSSEN, SHAWN
STREET ADDRESS 2126 NW FORK RD.
CITY-ST-ZIP STUART FLTITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
1.2 NAME Dave Hoffman
1.3 STREET ADDRESS 8013 SE Woodland
1.4 CITY-ST-ZIP Hobe Sound, FL2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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)(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

Paul Bickes 1/15/97

#(561) 287-8343

Date Daytime Phone # 0071992

CR2E037 (9/96)