SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 19 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741842** **(9)**

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

Principal Place of Business
200 WAYMEN ST
P.O. BOX 520730
LONGWOOD FL 32750
US

Mailing Address
PO BOX 520730
LONGWOOD FL 32752-0730
US

Longwood 32752-0730
200 Wayman St, Lngwd. Fl/P. O. Bx 520730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1978
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1875954 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 25: same as above
2a. Mailing Address — 26: same as above
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip — 25. Country
29. Zip — 30. Country

9. Name and Address of Current Registered Agent

BARNES, AREVA
825 SECOND PLACE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

31 Name: Same as before (previous registration
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MILAM, REV. CALVIN	12 NAME	GREEN, Rev. Al, Chairman
STREET ADDRESS	1521 AVALON BLVD DROP	13 STREET ADDRESS	5182 Lido Street
CITY-ST-ZIP	CASSELBERRY, FL 00000	14 CITY-ST-ZIP	Longwood, FL 32807
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	GROSS, DOROTHY	22 NAME	same
STREET ADDRESS	764 LAKE COMO DRIVE DROP	23 STREET ADDRESS	100001517951
CITY-ST-ZIP	LAKE MARY, FL 32746	24 CITY-ST-ZIP	-06/20/95--01103--002 ****155.00 ☐ Change ☐ Addition
TITLE	D	31 TITLE	
NAME	GROSS, JIM	32 NAME	same
STREET ADDRESS	764 LAKE COMO DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	MILLER, RAY	42 NAME	Dan Frye
STREET ADDRESS	1115 SEAFARER LN Drop	43 STREET ADDRESS	692 Venture Ct.
CITY-ST-ZIP	WINTER SPRINGS FL	44 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	ROBERTS, CARL	52 NAME	Rick Saunders
STREET ADDRESS	1175 E SR 434 Drop	53 STREET ADDRESS	846 Highland St.
CITY-ST-ZIP	WINTER SPRINGS FL	54 CITY-ST-ZIP	Longwood, FL. 32750
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	6/19

CR2E037 (3/95)

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)(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: _____ 6-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003820