SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 741842 (9)

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

Principal Place of Business	Mailing Address
200 WAYMEN ST P.O. BOX 520730 LONGWOOD FL 32750 US	PO BOX 520730 LONGWOOD FL 32752-0730 US

3. Date Incorporated or Qualified: 02/28/1978
3a. Date of Last Report: 06/19/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 200 N. Wayman St. Box4	26 200 N. Wayman St.
22 Suite, Apt. #, etc.	27 Box 4
23 Longwood, FL 32750	28 Longwood, FL 32750
24 Zip / 25 Country: Seminole	29 Zip / 30 Country: Seminole

9. Name and Address of Current Registered Agent

BARNES, AREVA
825 SECOND PLACE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C GREEN, REV. AL 5182 LIDO STREET LONGWOOD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GROSS, DOROTHY 764 LAKE COMO DRIVE LAKE MARY FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Secretary Areva Barnes 865 E. Second Pl. Longwood, FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSS, JIM 764 LAKE COMO DRIVE LAKE MARY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition Trustee Gene Jaques 312 Kimberly Ct. Sanford, FL 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRYE, DAN 692 VENTURE CT WINTER SPRINGS FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition Trustee Henry Berkowitz 456 Ponce De Leon Dr. Winter Springs, FL 32708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUNDERS, RICK 846 HIGHLAND ST LONGWOOD FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition Trustee Jerry Bedient 325 Kimberly Ct. Sanford, FL 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (3/96)

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: _____ 6/12/96 831-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017659