FILE NOW: FILING FEE IS $61.25

FILED
Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 N WAYMAN ST BOX 4 LONGWOOD FL 32750 US	200 N WAYMAN ST BOX 4 LONGWOOD FL 32750-4355 US

3. Date Incorporated or Qualified: 02/28/1978
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business
21 200 N.Wayman St.
Suite, Apt. #, etc.
22
City & State
23 Longwood, FL 32750
Zip 24 32750 Country 25 USA

2a. Mailing Address
26 200 N. Wayman St
Suite, Apt. #, etc.
27
City & State
28 Longwood,FL 32750
Zip 29 32750 Country 30 USA

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

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 Rick Saunders
82 Street Address (P.O. Box Number is Not Acceptable) 252 Frances Ave.
83
84 City Casselberry, FL 85 Zip Code 32707

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 RICK SAUNDERS Rick Saunders 2/26/97
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	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	C SCOTT SR.,DR. WILLIS R. 1926 TINDARO DR. APOPKA,FL 32703 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARNES, AREVA 865 E SECOND PLACE LONGWOOD FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S RICK SAUNDERS 252 FRANCES AVE., CASSELBERRY, FL 32707 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JAQUES, GENE 312 KIMBERLY CT SANFORD FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERKOWITZ, HENRY 456 PONCE DE LEON DR WINTER SPRINGS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BEDIENT, JERRY 325 KIMBERLY CT SANFORD FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
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 (9/96)

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: DR. WILLIS R. SCOTT SR. Dr. Willis R. Scott Sr. 2/26/97 407-884-9473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013977