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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49371

(0)

1. Corporation Name

CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

5648 W. ATLANTIC BLVD.
MARGATE FL 330635648 W. ATLANTIC BLVD.
MARGATE FL 33063-4523

3. Date Incorporated or Qualified

06/17/1992

3a. Date of Last Report

02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 532 Deen Blvd

26 P.O. Box 217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Lake Placid, FL

28 Lake Placid, FL

Zip

Country

Zip

Country

24 33852

25 U.S.

29 33852

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEINZE, ARNOLD
1533 2ND TERRACE
LAKE PLACID FL 33852

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DELMARTER, DALE	
STREET ADDRESS	328 HIGHLANDS LAKE DR	
CITY-ST-ZIP	LAKE PLACID FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FROST, JEAN	
STREET ADDRESS	CR 29 BOX 1752 N/A	
CITY-ST-ZIP	LAKE PLACID FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEINZE, ARNOLD	
STREET ADDRESS	1533 2ND TERRACE	
CITY-ST-ZIP	LAKE PLACID FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, LOIS	
STREET ADDRESS	P O BOX 905 N/A	
CITY-ST-ZIP	OKEECHOBEE FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARVEY, TAYLOR	
STREET ADDRESS	29 GLADES DR	
CITY-ST-ZIP	LAKE PLACID FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LYONS, MARY	
STREET ADDRESS	103 JADE WAY	
CITY-ST-ZIP	LAKE PLACID FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone # 0028441

CR2E037 (9/96)