FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 28 PM 7:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45096 (7)

1. Corporation Name

PALM BEACH BOULEVARD CHURCH OF THE NAZARENE, INC

Principal Place of Business	Mailing Address
POST OFFICE BOX 50579 FT. MYERS FL 33905	POST OFFICE BOX 50579 FT. MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2088195 ☐ 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 ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TUCKER, SIDNEY L.
4630 PALM BCH. BLVD.
FT. MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name: KEITH, DOUGLAS
82 Street Address (P.O. Box Number is Not Acceptable): 4630 Palm BCH. BLVD.
83
84 City: FT. MYERS **FL** 85 Zip Code: 33905

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Douglas D. Keith — Douglas Keith — 4/18/95
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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	TUCKER, SIDNEY	1.2 NAME	KEITH, DOUGLAS	
STREET ADDRESS	3217 SW 4TH LANE	1.3 STREET ADDRESS	4630 PALM BEACH BLVD.	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	FT. MYERS, FL 33905	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, LAUREL	2.2 NAME		
STREET ADDRESS	13462 FERN TRAIL DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	N FT. MYERS FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, JEAN	3.2 NAME		
STREET ADDRESS	156 OAK ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: [signature] Laurel Chapman 4/28/95 1-Pre-693-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0059374