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 MAY -1 PM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **713738** **(3)**

1. Corporation Name

SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ROUTE 1, BOX 4815 WHITE SPRINGS FL 32096	ROUTE 1, BOX 4815 WHITE SPRINGS FL 32096

3. Date Incorporated or Qualified: **12/04/1967**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3192960** ☐ 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

BLACK, R S REV
RT 1, BOX 4815 C-137
WHITE SPRINGS FL 32096

10. Name and Address of New Registered Agent

81 Name: Clem, Fred, Rev.
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

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: REV FRED M. CLEM, PASTOR — 4/17/95
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		☐ Change ☐ Addition
NAME	ROUCH, NADA	1.2 NAME		
STREET ADDRESS	RT 1, BOX 5600 NA	1.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JIM	2.2 NAME		
STREET ADDRESS	P.O. BOX 657 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE SPRINGS FL 32096	2.4 CITY-ST-ZIP		
TITLE	PC	3.1 TITLE		☒ Change ☐ Addition
NAME	BLACK, ROBERT S	3.2 NAME	Clem, Fred	
STREET ADDRESS	ROUTE 1, BOX 4815 N/A	3.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE SPRINGS FL 32096	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FOURAKER, MARTHA	4.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 6550	4.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE SPRINGS, FL 00000	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	FOURAKER, PEARSALL	5.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 6550	5.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE SPRINGS, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BURROWS, SHIRLEY	6.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 9510	6.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE SPRINGS FL 32096	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.

After 4pm

SIGNATURE: Martie Fouraker Jean. MATTIE FOURAKER 4-17-95 904-397-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR 3034