

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 12 AM 12:25**

**DOCUMENT # N14266 (3)**  
1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE OF NEW SMYRNA BEACH  
INC.**

Principal Place of Business      Mailing Address  
**201 SOUTH ORANGE STREET  
NEW SMYRNA BEACH FL 32168**      **201 SOUTH ORANGE STREET  
NEW SMYRNA BEACH FL 32168**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/09/1986**      **04/14/1994**  
4. FEI Number      Applied For  
**59-6543202**      Not Applicable

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

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

9. Name and Address of Current Registered Agent  
**ACHESON, CHARLES D.  
1420 TRAVELERS PALM DR.  
EDGEWATER FL 32132**

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 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      (NOTE: Registered Agent signature required when registering)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACHESON, CHARLES D.</b>	1 2 NAME	
STREET ADDRESS	<b>1420 TRAVELERS PALM DR.</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>EDGEWATER FL</b>	1 4 CITY - ST - ZIP	
TITLE	<b>D</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUCK, RICHARD</b>	2 2 NAME	
STREET ADDRESS	<b>1311 WILLOW OAK</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>EDGEWATER FL</b>	2 4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE, SUSAN</b>	3 2 NAME	
STREET ADDRESS	<b>2360 CAPT BUTLER TRAIL</b>	3 3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW SMYRNA BEACH FL</b>	3 4 CITY - ST - ZIP	
TITLE	<b>TD</b>	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUCK, ELEANOR</b>	4 2 NAME	
STREET ADDRESS	<b>204 NINTH STREET</b>	4 3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW SMYRNA BEACH FL</b>	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Eleanor Stuck*      **ELEANOR STUCK**      **4/3/95**      **914-428-8937**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Telephone Number)