

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **747802** (7)

1. Corporation Name

**GULFPORT CHURCH OF THE NAZARENE**



Principal Place of Business

**1000-55TH STREET SOUTH  
GULFPORT FL 33707**

Mailing Address

**1000-55TH STREET SOUTH  
GULFPORT FL 33707**

3. Date Incorporated or Qualified  
**06/25/1979**

3a. Date of Last Report  
**02/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1000-55TH STREET SOUTH**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

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9. Name and Address of Current Registered Agent

**CLAXTON, KENNETH  
3030 50TH ST SO  
GULFPORT FL 33707**

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 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 617.0502, Florida Statutes.

SIGNATURE

*Frank McCloud* Treasurer

(NOTE: Registered Agent signature required when reinstating)

*1/24/96*

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BELUS, DENNIS E.	
STREET ADDRESS	1000 55TH STREET SOUTH	
CITY - ST - ZIP	GULFPORT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCLOUD, FRANK	
STREET ADDRESS	2801-49TH ST-S	
CITY - ST - ZIP	GULFPORT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCLOUD, CLELIA	
STREET ADDRESS	5317 TANGERINE AVE S	
CITY - ST - ZIP	GULFPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MC CLOUD, FRANK	
1.3 STREET ADDRESS	2701 34th ST. N.	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL. 33709	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MC CLOUD, CLELIA	
2.3 STREET ADDRESS	2701 34th ST. N.	
2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33713	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PUCKETT ARVIN	
3.3 STREET ADDRESS	6317 TANGERINE AVE S.	
3.4 CITY - ST - ZIP	GULFPORT, FL 33707	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Frank McCloud*

*FRANK MCCLOUD TREASURER*

*1/24/96 327-5623*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)