

# 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 # **N14266** (3)

1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE OF NEW SMYRNA BEACH INC.**



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

3. Date Incorporated or Qualified: **04/09/1986**  
3a. Date of Last Report: **04/12/1995**  
4. FEI Number: **59-6543202**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

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  
85. Zip Code: **FL**

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 the filer available) (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ACHESON, CHARLES D.</b>	
STREET ADDRESS	<b>1420 TRAVELERS PALM DR.</b>	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STUCK, RICHARD</b>	
STREET ADDRESS	<b>1311 WILLOW OAK</b>	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WADE, SUSAN</b>	
STREET ADDRESS	<b>2360 CAPT BUTLER TRAIL</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>STUCK, ELEANOR</b>	
STREET ADDRESS	<b>204 NINTH STREET</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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: *Eleanor Stuck* **ELEANOR STUCK** 3/26/96 904-428-8937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)