


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32168-7127**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1986	3a. Date of Last Report 04/02/1996
21		26		4. FEI Number 59-6543202	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACHESON, CHARLES D.
1420 TRAVELERS PALM DR.
EDGEWATER FL 32132**

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 617.0503, Florida Statutes.

SIGNATURE

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHESON, CHARLES D.	1.2 NAME	
STREET ADDRESS	1420 TRAVELERS PALM DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCK, RICHARD	2.2 NAME	
STREET ADDRESS	1311 WILLOW OAK	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, SUSAN	3.2 NAME	
STREET ADDRESS	2360 CAPT BUTLER TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCK, ELEANOR	4.2 NAME	
STREET ADDRESS	204 NINTH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:

Eleanor Stuck **ELEANOR STUCK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97
Date

904-428-8937
Daytime Phone 0000042

CR2E037 (9/96)