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May 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N44896

(1)

1. Corporation Name

INTERLACHEN CHURCH OF THE NAZARENE, INCORPORATED

Principal Place of Business

Mailing Address

179 MILLER SQUARE  
INTERLACHEN FL 32148

179 MILLER SQUARE  
INTERLACHEN FL 32148-6632



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/28/1991

3a. Date of Last Report

05/30/1996

4. FEI Number

59-3080349

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

DURHAM, RANDY D  
101 MILLER SQUARE  
INTERLACHEN FL 32148

81 Name

PFEGER, LOUIS

82 Street Address (P.O. Box Number is Not Acceptable)

101 MILLERS SQUARE

83

84 City

Interlachen

FL

85 Zip Code

32148

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

4-10-97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
DONEGAN, OTIS  
208 MARION AVE.  
INTERLACHEN FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
WILLARD, ELIZABETH  
ROUTE 4, BOX 454  
INTERLACHEN FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
GEIGER, JANETTE  
125 LAKEVIEW DR  
INTERLACHEN FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DURHAM, RANDY D  
101 MILLER SQUARE  
INTERLACHEN FL 32148

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR-7-5  
WILLARD, ELIZABETH  
118 ARDEN  
INTERLACHEN FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
TR  
NORMA FRANKLIN  
111 OAK LANE  
Interlachen, FL 32148

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
TR  
TOM GEIGER  
125 LAKEVIEW DR  
Interlachen, FL 32148

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
P  
LOUIS PFEGER  
101 MILLERS SQUARE  
Interlachen, FL 32148

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

CR2E037 (9/96)