


5-14-97 B-7253 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713738 (3)**  
1. Corporation Name  
**SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.**



Principal Place of Business <b>ROUTE 1, BOX 4815 WHITE SPRINGS FL 32096</b>	Mailing Address <b>ROUTE 1, BOX 4815 WHITE SPRINGS FL 32096-9411</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country		3. Date Incorporated or Qualified <b>12/04/1967</b>	3a. Date of Last Report <b>07/11/1996</b>
		4. FEI Number <b>59-3192960</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CLEM, FRED REV RT 1, BOX 4815 C-137 WHITE SPRINGS FL 32096</b> (change in mailing address only)		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>18763 C.R. #137</b> <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 \_\_\_\_\_ DATE **4/28/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, DURWOOD</b>	1.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 170</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, LINDA</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 170</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEM, FRED</b>	3.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 4815 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOURAKER, MARTHA</b>	4.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 6550</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE SPRINGS, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOURAKER, PEARSALL</b>	5.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 6550</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE SPRINGS, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURROWS, SHIRLEY</b>	6.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 9510</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE SPRINGS FL 32096</b>	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]* Rev. Fred Clem

4/28/97 904-397-2309

CR2E037 (9/96)