

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703421 (8)

1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF PENSACOLA, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
3315 HWY 97S.
P.O. BOX 7585
PENSACOLA FL 32534
US

Mailing Address
P.O. BOX 7585
P.O. BOX 7385
PENSACOLA FL 32534-0585
US

3. Date Incorporated or Qualified 01/08/1962 **3a. Date of Last Report** 04/20/1994

4. FEI Number 59-6181209 **Applied For** Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip **25** Country **29** Zip **30** Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASSADY, DORIS
417 E. SCHUBERT DR.
PENSACOLA FL 32504

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 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WILLIAM, KEITH
STREET ADDRESS 8021 MALIBU CIR
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE D Change Addition
1.2 NAME Tim Byrd
1.3 STREET ADDRESS 2439 Cavalla Loop
1.4 CITY-ST-ZIP Pensacola, FL 32526

TITLE D
NAME HAYES, ROSA LEE
STREET ADDRESS 2225 BUSH ST.
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE P
NAME DENNIS, MIKE
STREET ADDRESS 3315 HWY 97 S.
CITY-ST-ZIP CANTONMENT FL

3.1 TITLE P Change Addition
3.2 NAME James L. Peterson
3.3 STREET ADDRESS 3315 Hwy. 97 S.
3.4 CITY-ST-ZIP Cantonment, FL 32533

TITLE T
NAME DIXON, ED
STREET ADDRESS 5295 FLAX RD
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE SD
NAME SMITH, DAN
STREET ADDRESS 615 N. 72ND AVE.
CITY-ST-ZIP PENSACOLA, FL 00000

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE D
NAME FOREST, JOE
STREET ADDRESS 1305 LITTLE CREEK CIR.
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE D Change Addition
6.2 NAME Doug Martin
6.3 STREET ADDRESS 1911 E. Avery St.
6.4 CITY-ST-ZIP Pensacola, FL 32503

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James L. Peterson James L. Peterson 4/20/95 904 479 1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #