

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 # 703421 (8)

1. Corporation Name

FIRST CHURCH OF THE NAZARENE OF PENSACOLA, FLORIDA, INC.



Principal Place of Business

Mailing Address

3315 HWY 97S.
P.O. BOX 7585
PENSACOLA FL 32534
US

P.O. BOX 7585
P.O. BOX 7585
PENSACOLA FL 32534-0585
US

3. Date Incorporated or Qualified
01/08/1962

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 3475 Pine Forest Rd.

26 3475 Pine Forest Rd.

4. FEI Number
59-6181209

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
Cantonment, FL

28 City & State
Cantonment, FL

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

24 Zip
32533

25 Country
Escambia

29 Zip
32533

30 Country
Escambia

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
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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, TIM	1.2 NAME	Tim Byrd
STREET ADDRESS	2439 CAVALLA LOOP	1.3 STREET ADDRESS	2801 Hidden Springs Circle
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32526
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, ROSA LEE	2.2 NAME	
STREET ADDRESS	2225 BUSH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JAMES L	3.2 NAME	
STREET ADDRESS	3315 HWY 97S	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, ED	4.2 NAME	
STREET ADDRESS	5295 FLAX RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAN	5.2 NAME	Director Only
STREET ADDRESS	615 N. 72ND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, DOUG	6.2 NAME	Secretary: Jill Stein
STREET ADDRESS	1911 E AVERY STREET	6.3 STREET ADDRESS	7919 Mobile Highway
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pensacola, FL 32526

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:

Ed Dixon
Ed Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer 1/28/96

904 479-1020

Date

Daytime Phone #

CR2E037 (12/95)