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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:13

DOCUMENT # **704110** **(6)**

1. Corporation Name

DISTRICT ADVISORY BOARD OF THE FLORIDA DISTRICT CHURCH OF THE NAZARENE

Principal Place of Business	Mailing Address
P.O. BOX 5680 LAKELAND FL 33807-5680	P.O. BOX 5680 LAKELAND FL 33807-5680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1962
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-0917278 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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
ROGERS ROY E 560 THIRD STREET, SW WINTER HAVEN FL 33880	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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, ROY E.	1.2 NAME	
STREET ADDRESS	560 THIRD STREET, SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, CHARLES	2.2 NAME	
STREET ADDRESS	1400 S. LAKE ELBERT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	FULLER, GENE	3.2 NAME	
STREET ADDRESS	4720 CLEVELAND HTS. BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Director
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	~~WELLMAN, DON~~	4.2 NAME	Larry W. Leonard
STREET ADDRESS	~~4777 LAKELAND HIGHLD TD~~	4.3 STREET ADDRESS	5614 Craindale Ave.
CITY-ST-ZIP	~~LAKELAND FL~~	4.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LOVE, JOEL	5.2 NAME	
STREET ADDRESS	1020 HUNT AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Gene Fuller 1/12/95 813-644-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gene Fuller, President

0097000