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 # **704587** **(5)**

1. Corporation Name

CHURCH OF THE NAZARENE OF FT. PIERCE, FLA., INC.

Principal Place of Business	Mailing Address
611 GARDENIA AVENUE FORT PIERCE FL 34982	611 GARDENIA AVENUE FORT PIERCE FL 34982

3. Date Incorporated or Qualified: **10/02/1962**
3a. Date of Last Report: **02/03/1995**

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 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-1572943** ☐ 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

9. Name and Address of Current Registered Agent

GOODRICH, MERLE J.
507 GARDENIA AVE
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

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 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
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	PCD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GOODRICH, MERLE J.		1.2 NAME		
STREET ADDRESS	507 GARDENIA AVE		1.3 STREET ADDRESS	1909 York Court	
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	WALLS, DEANNA		2.2 NAME	Joanne Tucker	
STREET ADDRESS	5404 SUNSET DR		2.3 STREET ADDRESS	808 Azalea Ave.	
CITY-ST-ZIP	FT PIERCE FL		2.4 CITY-ST-ZIP	Ft. Pierce, Fl. 34982	
TITLE	T	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	LEMONDE, DONALD		3.2 NAME		
STREET ADDRESS	117 SW FAIRVIEW AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	S D	☒ Change ☐ Addition
NAME	EDMONDS, RICHARD		4.2 NAME		
STREET ADDRESS	494 EYERLY AVE		4.3 STREET ADDRESS	10 Padre Lane	
CITY-ST-ZIP	PT ST LUCIE FL		4.4 CITY-ST-ZIP	34952	
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, CAROL		5.2 NAME		
STREET ADDRESS	1002 HERON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ERSKINE, GERALD		6.2 NAME		
STREET ADDRESS	2138 NE 18TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Merle J. Goodrich MERLE J. GOODRICH 1/30/96 407-465-1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #