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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 611 GARDENIA AVENUE
FORT PIERCE FL 34962 FORT PIERCE FL 34962-5913

3. Date Incorporated or Qualified 10/02/1962 3a. Date of Last Report 02/02/1996

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

10. Name and Address of New Registered Agent

GOODRICH, MERLE J.
507 GARDENIA AVE
FT PIERCE FL 34962

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODRICH, MERLE J.	1.2 NAME	
STREET ADDRESS	507 GARDENIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, JOANNE	2.2 NAME	
STREET ADDRESS	808 AZALEA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ 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	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	EDMONDS, RICHARD	4.2 NAME	
STREET ADDRESS	10 PADRE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ERSKINE, GERALD	5.2 NAME	
STREET ADDRESS	2138 NE 18TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH 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 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: *Joanne E. Tucker* 2-16-97 561-461-8496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071525

CR2E037 (9/96)