

# 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 # **706067** (6)  
1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE OF HOLLY HILL, INC.**



Principal Place of Business  
**P.O. BOX 250603  
1045 S. NOVA RD.  
ORMOND BEACH FL 32117 (32174)  
US**

Mailing Address  
**P.O. BOX 250603  
HOLLY HILL FL 32125-0603**

3. Date Incorporated or Qualified  
**08/22/1963**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-6543217**

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

2. Principal Place of Business  
**21 1045 S. Nova Rd.**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23 Ormond Beach, Florida**  
Zip Country  
**24 32174 25 U.S.**

2a. Mailing Address  
**26 1045 S. Nova Rd.**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28 Ormond Beach, Florida**  
Zip Country  
**29 32174 30 US**

9. Name and Address of Current Registered Agent  
**WILSON, AUDRY  
1562 DAYTONA AVE  
HOLLY HILL FL 32117**

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 **Audry Wilson, Church Secretary** *Audry Wilson* DATE **1/25/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYNOLDS, OLLIE</b>	1.2 NAME	
STREET ADDRESS	<b>1049 BRENTWOOD APTS. #606</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMEY, ALVA</b>	2.2 NAME	
STREET ADDRESS	<b>1116 GRANADA AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, AUDRY</b>	3.2 NAME	
STREET ADDRESS	<b>1562 DAYTONA AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLY HILL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINNETT, V. LEO</b>	4.2 NAME	
STREET ADDRESS	<b>77 BRANDY HILLS DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **V. Leo Kinnett, Chairman of Board** *V. Leo Kinnett* **904-788-2439** **1/25/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)