

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 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 # 706067 (6) 1. Corporation Name FIRST CHURCH OF THE NAZARENE OF HOLLY HILL, INC.			
Principal Place of Business		Mailing Address	
1045 S. NOVA RD. ORMOND BEACH FL 32174 US		1045 S. NOVA RD. HOLLY HILL FL 32174-7340 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1963		3a. Date of Last Report 02/02/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-6543217		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILSON, AUDRY 1562 DAYTONA AVE HOLLY HILL FL 32117				81 Name GUNTER, MOODY			
				82 Street Address (P.O. Box Number is Not Acceptable) 12508 MASTERS RIDGE DRIVE			
				83			
				84 City JACKSONMVILLE FL 85 Zip Code 32225			

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 *D. Moody Gunter* **D. MOODY GUNTER** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	GUNTER, D. MOODY, P			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, OLLIE		1.2 NAME	12508 MASTERS RIDGE DR.			
STREET ADDRESS	1049 BRENTWOOD APTS. #606		1.3 STREET ADDRESS	JACKSONVILLE, FL 32225			
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMEY, ALVA		2.2 NAME	T PATRICK, MARK R			
STREET ADDRESS	1116 GRANADA AVE		2.3 STREET ADDRESS	4040 WOODCOCK DR.			
CITY-ST-ZIP	HOLLY HILL FL 32117		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, AUDRY		3.2 NAME	JENKINS, ORVILLE J.			
STREET ADDRESS	1562 DAYTONA AVE.		3.3 STREET ADDRESS	2938 DUPONT AVE.			
CITY-ST-ZIP	HOLLY HILL FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINNETT, V. LEO		4.2 NAME	SAWYER, ED			
STREET ADDRESS	77 BRANDY HILLS DRIVE		4.3 STREET ADDRESS	38328 CROWN PL.			
CITY-ST-ZIP	PORT ORANGE FL 32119		4.4 CITY-ST-ZIP	LADY LAKE, FL			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	MILLS, DOUG			
STREET ADDRESS			5.3 STREET ADDRESS	1983 MANHAV DRIVE			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TALLAHASSEE, FL			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	COX, RUTH			
STREET ADDRESS			6.3 STREET ADDRESS	8375 BASCOM ROAD			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *D. Moody Gunter* **D. MOODY GUNTER** 4/19/97 904 391 0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003307

CR2E037 (9/96)