

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:08

DOCUMENT # 706481 (9)
1. Corporation Name
FIRST CHURCH OF THE NAZARENE, EAU GALLIE, INC.

Principal Place of Business Mailing Address
**1653 GUAVA AVENUE 1653 GUAVA AVENUE
MELBOURNE FL 32936 MELBOURNE FL 32936**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/27/1963** 3a. Date of Last Report **04/15/1994**
4. FEI Number **59-0938518** 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**
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

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

9. Name and Address of Current Registered Agent

**MONK, GARY W.
1653 GUAVA AVENUE
MELBOURNE FL 32936**

10. Name and Address of New Registered Agent

81 Name **Glen D. Matthews, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable) **730 Pine Island Dr**
83 City **Melbourne** 84 Zip Code **FL 32940-1703**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

3-26-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P D
NAME	MONK, GARY W.	1.2 NAME	Rev. Glen D. Matthews, Jr.
STREET ADDRESS	1653 GUAVA AVE.	1.3 STREET ADDRESS	730 Pine Island Dr
CITY - ST - ZIP	MELBOURNE FL	1.4 CITY - ST - ZIP	Melbourne, FL 32940-1703
TITLE	TD	2.1 TITLE	Same
NAME	BOB WHITNEY	2.2 NAME	
STREET ADDRESS	302 EUTAU CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOR BEACH FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	DAVIS, HAROLD	3.2 NAME	David Harris
STREET ADDRESS	1809 SWEETWOOD DR	3.3 STREET ADDRESS	2065 Stewart Rd
CITY - ST - ZIP	MELBOURNE FL	3.4 CITY - ST - ZIP	Melbourne, FL 32935
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 110.07(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: **Glen D. Matthews, Jr.,** **3-6-95** **(407) 242-8822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number