## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

CITY-ST-ZIP

Aug 07 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 706481 (9) 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 3a. Date of Last Report 3. Date Incorporated or Qualified 11/27/1963 02/08/1996 2. Principal Place of Business Mailing Address 4. FEI Number 2a. Applied For 59-0998518 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MATTHEWS, JR. G D. 82 Street Address (P.O. Box Number is Not Acceptable) 730 PINE 19LAND DRIVE-4873 VERONA CIR 83 MELBOURNE FL 32940 84 City 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 Sastion 617.0503, Florida Statutes. e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE MAHTHEWS, JEG.D MATTHEWS, JR. G D. 1 2 NAME NAME 730 PINE ISLAND DRIVE 4873 VERONA CIR STREET ADDRESS 1.3 STREET ADDRESS **MELBOURNE FL** Molboveno CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE **BOB WHITNEY** NAME 2.2 NAME 302 EUTAU CT. 2.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOR BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HARRIS, DAVID 3.2 NAME NAME 1653 GUAVA AVENUE STREET ADDRESS 3.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-7IP 14. Ido 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 of 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 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

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