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May 13 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 # 707056 (8)

1. Corporation Name  
FIRST CHURCH OF THE NAZARENE OF HIGH SPRINGS, IN C.



Principal Place of Business Mailing Address  
P O BOX 715 SANTA FE BLVD HIGH SPRINGS FL 32643  
P O BOX 715 SANTA FE BLVD HIGH SPRINGS FL 32655-0715

3. Date Incorporated or Qualified 03/26/1964  
3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-6140566  
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

ROMEY, CARL E  
2405 NW 52 PL  
GAINESVILLE FL 32605

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME ANDERSON, CAROL  
STREET ADDRESS 1110 NO MAIN STR  
CITY-ST-ZIP HIGH SPRINGS FL

1.1 TITLE TD  
1.2 NAME Anderson, Carol  
1.3 STREET ADDRESS 25911 NW 182 AVE  
1.4 CITY-ST-ZIP High Springs, Fl. 32643

TITLE D  
NAME STRIMPLE, ROBERT  
STREET ADDRESS PO BOX 218 NA  
CITY-ST-ZIP HIGH SPRINGS FL

2.1 TITLE Michael D  
2.2 NAME Anderson, Michael  
2.3 STREET ADDRESS 16914 NW Cnty Road 235A  
2.4 CITY-ST-ZIP Alachua, Fl 32615

TITLE D  
NAME BOOSER, GERALD E  
STREET ADDRESS ROUTE 2 BOX 123  
CITY-ST-ZIP TRENTON, FL 00000

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME STRIMPLE, MARTHA  
STREET ADDRESS POST OFFICE BOX 218 N/A  
CITY-ST-ZIP HIGH SPRINGS FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: Carol Anderson, Robert Anderson 4/29/97 904-454-1760

CR2E037 (9/96)