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**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 707248

(1)

THE TRINITY CHURCH OF THE NAZARENE INC.

## FILED Mar 26 1997 8:00am Secretary of State



Defendant Disc	a of Division and	A A - Nice - A - A - A - A - A - A - A - A - A -							8184) (B181) (B81
Principal Plac	ce of Business	Mailing Address							
3147 NW 10 ST Gainesville Fi US		3147 MW 10 STR Gainesville FL 32609-2 US	GAINESVILLE FL 32809-2164						
		U3				3. Date Incorporated or Qualified 05/06/1964	3a. Dat	2/28/1	Report 196
<del></del> -1	Place of Business	2a. Mailing Address				4. FEI Number 59-6543229	<del></del>		Applied For
21 Suite, Apt	# etc	Suite, Apt. #, etc.							Not Applicable  Additional
22	w, 0.00.	27				5. Certificate of Status Desired			Required
City & Sta	le	City & State				6. Election Campaign Financing		\$5.0	May Be
23		28				Trust Fund Contribution	<u> </u>		d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in			r s. 199.032,
24	25 9. Name and Address of Curren	29 Annual Annual	30	<del></del>		Fiorida Statutes  10. Name and Address of New Reg		] No	
	9. Name and Aboress of Curren	it undistand wholit	<del></del>	81 N	ame	10, Marine Billo Address Of Hall Hall	SIESOLON W	Moth.	
HOUEN	PTCIN W D		ì						
HOHENSTEIN, W. R 3147 NW 10THSTREET		<b>62</b> Stre		reet Addre	Address (P.O. Box Number is Not Acceptable)				
	VILLE FL 32609		ļ	83			·	•	
			ŀ	84 C	ty			85 Zi	p Code
					·		<u> FL</u>		-
agent. I : SIGNATURE.	Mars III Plans 1	anons of section by usus, for herrs lein	riorida Siati	utes.		oration submits this statement for the properties of directors. I hereby accept			
DIGITAL OF IL.	Signature, typed or printed name of registered age		IOTE: Registered	Agent sig	nature require	d when reinstating)	DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (ND DIRECTORS	/OTE: Registered	l Agent sig	nature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
	Signature, typed or printed name of redistered age	ent and title if applicable. (N			nature require		ERS AND	DIRECTO	
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Daytime Phone #0011257