

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:45

DOCUMENT # 707917 (1)

1. Corporation Name

GRACE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

3708 WYOMING AVENUE
TAMPA FL 33611-1255

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TAMPA FL 33611-1255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1964

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1870164

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, PAULINE
4305 BAY AVENUE
TAMPA FL 33616**

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 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 199 4 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **CLIFTON, THURMAN**
STREET ADDRESS **4705 IOWA AVE**
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE **D** Change Addition
1.2 NAME **KREPS, GEORGE**
1.3 STREET ADDRESS **4510 BALLAST POINT BLVD**
1.4 CITY - ST - ZIP **TAMPA FL 33611**

TITLE **S**
NAME **ELLIOTT, PAULINE**
STREET ADDRESS **4305 BAY AVENUE**
CITY - ST - ZIP **TAMPA, FL 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D**
NAME **RUDA, STEVE**
STREET ADDRESS **3413 SAN JUAN**
CITY - ST - ZIP **TAMPA FL**

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

TITLE **T**
NAME **HESS, DEANNA G**
STREET ADDRESS **4510 BALLAST PT BLVD**
CITY - ST - ZIP **TAMPA, FL 00000**

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

TITLE **D**
NAME **KOCH, BETTY**
STREET ADDRESS **4407 OKLAHOMA AVE.**
CITY - ST - ZIP **TAMPA, FL 00000**

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

TITLE **P**
NAME **PREUETT, DAN**
STREET ADDRESS **3711 WALLACE AVE**
CITY - ST - ZIP **TAMPA, FL 00000**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

DAN PREUETT

4-11-95

(813) 839-0677

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR

Date

(Type in Phone #)