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Feb 12 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 # 712041 (3)

1. Corporation Name
THE FIRST CHURCH OF THE NAZARENE OF PINELLAS PARK, INC.



Principal Place of Business: 6565 78TH AVENUE NORTH, PINELLAS PARK FL 34665
Mailing Address: 6565 78TH AVE N, PINELLAS PARK FL 33761-2149, US

3. Date Incorporated or Qualified: 12/29/1966
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-2209139
Applied For: Not Applicable

Suite, Apt. #, etc. (22) 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) 29 Country (30)

6. 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

SHUEY, REV. MARK R.
6550 80TH AVE N
PINELLAS PARK FL 34665

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for SD DAVIES, HAROLD G and TD HATCHER, CHARLENE.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes entries for 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 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: Mark R. Shuey, Secretary of State, Jan 20, 1997

CR2E037 (9/96)