

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 713070 (1)

1. Corporation Name
CENTRAL CHURCH OF THE NAZARENE OF CLEARWATER, INC.



Principal Place of Business / Mailing Address
**/OF CLEARWATER INC
1601 NORTH HIGHLAND AVENUE
CLEARWATER FL 34615**

3. Date Incorporated or Qualified: **07/18/1967**
3a. Date of Last Report: **05/30/1995**
4. FEI Number: **59-2159438**
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

2. Principal Place of Business (21-24) / 2a. Mailing Address (26-30)
21: [] 22: Suite, Apt. #, etc. [] 23: City & State [] 24: Zip [] Country []
26: [] 27: Suite, Apt. #, etc. [] 28: City & State [] 29: Zip [] 30: Country []

9. Name and Address of Current Registered Agent
**YOUNT, MERLIN
1216 NORWOOD AVE
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent (81-85)
81: Name []
82: Street Address (P.O. Box Number is Not Acceptable) []
83: []
84: City [] 85: Zip Code [] **FL**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, JAY	1.2 NAME	
STREET ADDRESS	1486 HEATHER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, EVELYN	2.2 NAME	
STREET ADDRESS	1486 HEATHER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, MARTHA	3.2 NAME	
STREET ADDRESS	1182 RANCHWOOD DR E	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARTIN, MARK D	4.2 NAME	PASTOR/PRESIDENT
STREET ADDRESS	1601 N HIGHLAND	4.3 STREET ADDRESS	HANCOCK, JOHN J.
CITY-ST-ZIP	CLEARWATER, FL 00000	4.4 CITY-ST-ZIP	1721 GREEN HILL DR.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEBUCK, GENE	5.2 NAME	
STREET ADDRESS	632 EDGEWATER DR 134	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, KEN	6.2 NAME	
STREET ADDRESS	1935 SPANISH OAK DR N	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	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 119.07(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: *John J. Hancock* 4-20-96 813/446-2513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN J. HANCOCK PRESIDENT** Date: **OR 446-7259**

CFR2E037 (12/95)