

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **713140** (2)

1. Corporation Name
UNIVERSITY BOULEVARD CHURCH OF THE NAZARENE, INC



Principal Place of Business: 3930 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216-4387 US
Mailing Address: 3930 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216-4387 US

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|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 07/31/1967 | 3a. Date of Last Report 01/30/1995 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-6543250 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

JENKINS, ORVILLE W JR
2938 DUPONT AVE
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

| | | | | |
|----------|--|-----|----------|--------------|
| 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: *Orville W. Jenkins, Jr.*

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-12) | |
|--|--|---|---|
| 12.1 TITLE: PD NAME: JENKINS, ORVILLE W JR STREET ADDRESS: 2938 DUPONT AVE CITY, ST, ZIP: JACKSONVILLE FL DELETE: <input type="checkbox"/> | | 13.1 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 TITLE: TD NAME: COX, JOSEPH STREET ADDRESS: 2075 MILLS ROAD CITY, ST, ZIP: JACKSONVILLE FL DELETE: <input type="checkbox"/> | | 13.2 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.3 TITLE: SD NAME: HETHINGTON, LISA STREET ADDRESS: 6229 SHADY OAK DR. CITY, ST, ZIP: JACKSONVILLE FL DELETE: <input checked="" type="checkbox"/> | | 13.3 TITLE: SD NAME: Alan Miner STREET ADDRESS: 3764 Helicon Drive. CITY, ST, ZIP: Jacksonville, FL 32223 DELETE: <input type="checkbox"/> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.4 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: DELETE: <input type="checkbox"/> | | 13.4 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.5 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: DELETE: <input type="checkbox"/> | | 13.5 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: DELETE: <input type="checkbox"/> | | 13.6 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Orville W. Jenkins, Jr.* *Orville W. Jenkins, Jr.* *1/22/96* (904) 737-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)