5-14-97 B-7253 C

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May 14 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 # 713738 (3)

1. Corporation Name

SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
ROUTE 1. BOX 4815 WHITE SPRINGS FL 32096	ROUTE 1. BOX 4815 WHITE SPRINGS FL 32096-9411

3. Date Incorporated or Qualified: 12/04/1967
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 18763 C.R. #137
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3192960 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CLEM, FRED REV
RT 1, BOX 4815 C-137
WHITE SPRINGS FL 32096

(change in mailing address only)

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 18763 C.R. #137

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 _____ 4/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, DURWOOD		1.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 170		1.3 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL 32052		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, LINDA		2.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 170		2.3 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL 32052		2.4 CITY-ST-ZIP	
TITLE	PC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLEM, FRED		3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 4815 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FOURAKER, MARTHA		4.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 6550		4.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS, FL 00000		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FOURAKER, PEARSALL		5.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 6550		5.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS, FL 00000		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BURROWS, SHIRLEY		6.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 9510		6.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS FL 32096		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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.

_____ Rev. Fred Clem 4/28/97 904-397-2309