FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

721552

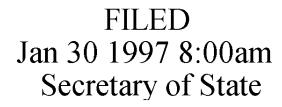
(8)

FIRST CHURCH OF THE NAZARENE OF OCOEE, FLORIDA I NCORPORATED

Principal Place of Business

Mailing Address

1209 CENTER STREET OCOEE FL 34761-2419 1209 CENTER STREET OCOEE FL 34761-2419





OCOEE FL 347	61-2419		OCOEE FL 34	4761-2419										
							3	Date Incorporat 08/19/19		3a. Da	te of La 02/05			
2. Principal P	lace of Busine	ss	2a. Mailing A	.ddress				4	4. FEI Number				App	olied For
21			26						59-1417601				Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5	Certificate of Sta	atus Desired				dditional
22			27									Fe	e Rec	uired
City & State	е		City & Sta	ate				6	Election Campa					May Be
Zip		Country	28 Zip						Trust Fund Cont		Ш			Fees
24	2	¬ '	—		-	untry		8	This corporation				ler s.	199.032,
[24]		nd Address of Curren	29 t Registered Ana	nt	30	т—		10	Florida Statutes Name and Add			No		
	9. 11		t riogistorea Age	•••		81	Name	- 10	, italie and Add	1000 OI ITOM TIO	gistorou P	Mair		
DOINGO	N, LOUISE G	<u>,</u>												
	M, LOUISE O					82	Street A	Street Address (P.O. Box Number is Not Acceptable)						
	DO, FL. ABFL													
OUDAND	JU, FL. ADFL	•				83								
						84	City				FL	85	Zip C	ode
11. Pursuant t	to the provision	ns of Sections 617.0502	2 and 617 1508 F	lorida Statute	or the s	h0/6	named (corneratio	on submits this str	toment for the n	voca of	abana'	na ita	**************************************
Onice or re	edistered ader	it, or both, in the State	ot Fiorida. Such d	nange was a	มมไปดาเวร	aa by	the corp	oration's	board of directors	i. I hereby accep	t the appo	pintmer	ng its it as r	registered egistered
agent. i ar	m familiar with	, and accept the obliga	itions of, Section 6	317.0503, Flo	orida Sta	itutes	i.							
SIGNATURE _	Signature, lyped or	printed name of registered ager	nt and this if applicable	INOT	- Registere	ad Ana	nl eignalure i	en med who	en reinstating)		DATE			
12.		OFFICERS AND		1,101	13.		in ognation		ADDITIONS/CHA	NGES TO OFFIC		DIREC	TORS	IN 12
TITLE	PD			DELETE	1.1 J	ITLE						Cha		Addition
NAME	WARREN,	DAVID V			1.2 N	IAME	Ì						•	
STREET ADDRESS		HTWIND CIR.					ADDRESS							
CITY-ST-ZIP	ORLANDO) FL				PTY-S								
TITLE	\$DT			DELETE	2.1 T							Cha	nge	Addition
NAME	BRINSON	, Louise			2.2 N	IAME								
STREET ADDRESS	6124 SHA	DOW WOOD CT			2.3 \$	TREET	ADDRESS				,			
CITY-ST-ZIP	ORLANDO) FL			2.41	CITY - S	T-ZIP							
TITLE	D		L	DELETE	3.1 1	ITLE						Cha	nge	Addition
NAME		, nathan W.			3.2 N	SMA								
STREET ADDRESS		DOW WOOD CT.			3.3 S	TREET.	ADDRESS							
CtTY-ST-ZIP	ORLANDO) FL			3.4. 0	CITY - S	T-ZIP							
TITLE				DELETE	4.1 T	ITLE	Ĭ					Char	nge	Addition
NAME					4.21	NAME								
STREET ADDRESS					4.3 S	TREET	ADDRESS							
CITY-ST-ZIP	<u></u>				440	ITY-SI	- ZIP							
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NAME					5 2 N	AME								
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CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			5.4 C	ITY-SI	- ŽIP							
TITLE				DELETE	6.1 T	ITLE						Char	nge	Addition
NAME					6.2 N	AME								
STREET ADDRESS					6.3 \$	TREET	ADDRESS							
CITY-ST-ZIP					6.4 C	ITY - ST	- ZIP							

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.