

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 # 721902 (5)
1. Corporation Name

LEM TURNER ROAD CHURCH OF THE NAZARENE



Principal Place of Business: 10310 LEM TURNER RD JACKSONVILLE FL 32218
Mailing Address: 10310 LEM TURNER RD JACKSONVILLE FL 32218

3. Date Incorporated or Qualified: 10/19/1971
3a. Date of Last Report: 11/29/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1648935		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILTON, BOB 10724 MEADOWLEA DR CIR W 10310 LEM TURNER RD JACKSONVILLE FL 32218				81 Name: GUNTER, D. MOODY 82 Street Address (P.O. Box Number is Not Acceptable): 4741 ATLANTIC BLVD. SUITE E4 83 10310 LEM TURNER ROAD 84 City: JACKSONVILLE FL 85 Zip Code: 32218			

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: *D. Moody Gunter* D. MOODY GUNTER 04/18/96
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DILLARD, NANCY			12 NAME			
STREET ADDRESS	65 E 61ST ST			13 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			14 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEAVERS, CARRIE			22 NAME	CARRIE BEAVERS		
STREET ADDRESS	P. O. BOX 1795 N/A			23 STREET ADDRESS	10310 LEM TURNER RD. N/A		
CITY-ST-ZIP	YULEE FL			24 CITY-ST-ZIP	JACKSONVILLE, FL 32218		
TITLE	P	<input checked="" type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILTON, BOB			32 NAME	JOHNSON, CALVIN		
STREET ADDRESS	P. O. BOX 82 N/A			33 STREET ADDRESS	11859 V.C. JOHNSON ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 00000			34 CITY-ST-ZIP	JACKSONVILLE, FL 32218		
TITLE	T	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPENCE, SID			42 NAME	200001871172		
STREET ADDRESS	14158 LEM TURNER RD.			43 STREET ADDRESS	-06/21/96--01045--005		
CITY-ST-ZIP	JACKSONVILLE FL			44 CITY-ST-ZIP	***61.25		
TITLE	D	<input checked="" type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURRAY, SANDRA			52 NAME	WILLIAMS, BETTY		
STREET ADDRESS	13839 LEM TURNER RD.			53 STREET ADDRESS	10310 LEM TURNER ROAD N/A		
CITY-ST-ZIP	JACKSONVILLE FL			54 CITY-ST-ZIP	JACKSONVILLE, FL 32218		
TITLE	M	<input checked="" type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEAVERS, GREG			62 NAME	GREG BEAVERS		
STREET ADDRESS	P.O. BOX 1795 N/A			63 STREET ADDRESS	10310 LEM TURNER RD. N/A		
CITY-ST-ZIP	YULEE FL 32097			64 CITY-ST-ZIP	JACKSONVILLE, FL 32218		

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: *Nancy Dillard* NANCY DILLARD 04/18/96 (904)765-8324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)