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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722131 (0)

1. Corporation Name
OKEECHOBEE CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
425 SW 28TH ST. OKEECHOBEE FL 34974 US	PO BOX 1184 OKEECHOBEE FL 34973 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1971
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1988094 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

BAKER, BRIAN W
1652 S.W. 34TH TERRACE
OKEECHOBEE FL 33474

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, BRIAN (PASTOR)	1.2 NAME	
STREET ADDRESS	1652 S.W. 34TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, ARLENE	2.2 NAME	
STREET ADDRESS	802 S.W. 7TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WARD, RICHARD	3.2 NAME	
STREET ADDRESS	1107 S.W. 2ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Tr ☒ Change ☐ Addition
NAME	CONNER, WILLIAM	4.2 NAME	J. W. PARRISH
STREET ADDRESS	806 SE 12 ST	4.3 STREET ADDRESS	3236 SE 20TH COURT
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	LANCASTER, ERNIE	5.2 NAME	
STREET ADDRESS	1014 SW 136 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	Tr ☒ Change ☐ Addition
NAME	RAINER, DAVID	6.2 NAME	ELIZA BOBBS
STREET ADDRESS	3764 SW 13 TERR	6.3 STREET ADDRESS	17312 NW 4TH LANE
CITY-ST-ZIP	OKEECHOBEE FL	6.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972

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)(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.

SIGNATURE: Brian W. Baker BRIAN W. BAKER 02-11-95 813-763-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070121