

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 # **722131** (0)

1. Corporation Name

OKEECHOBEE CHURCH OF THE NAZARENE, INC.



Principal Place of Business

**425 SW 28TH ST.
OKEECHOBEE FL 34974
US**

Mailing Address

**PO BOX 1184
OKEECHOBEE FL 34973
US**

3. Date Incorporated or Qualified
11/22/1971

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD BAKER, BRIAN (PASTOR)**
STREET ADDRESS **1652 S.W. 34TH TERR.**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE
NAME **SD MORRIS, ARLENE**
STREET ADDRESS **802 S.W. 7TH AVENUE**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE
NAME **TD WARD, RICHARD**
STREET ADDRESS **1107 S.W. 2ND STREET**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE
NAME **TR PARRISH, J.W.**
STREET ADDRESS **3236 SE 20 COURT**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE
NAME **T LANCASTER, ERNIE**
STREET ADDRESS **1014 SW 136 AVE**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE
NAME **TR ~~DEE, ELZA~~**
STREET ADDRESS **~~17012 NW 4 LANE~~**
CITY-ST-ZIP **OKEECHOBEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **LAWRENCE, LESLIE**
6.3 STREET ADDRESS **2259 NW 5TH STREET**
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN W. BAKER

1-30-96

941-763-3579

Date

Daytime Phone #

CR2E037 (12/95)