

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 FEB 23 PM 3: 32

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # 725673 (8)**  
 1. Corporation Name  
**KENNETH CITY CHURCH OF THE NAZARENE, INC.**

Principal Place of Business Mailing Address  
 4401 58 ST N 4401 58 ST N  
 KENNETH CITY FL 33709 KENNETH CITY FL 33709

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

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified 3a. Date of Last Report  
 02/27/1973 04/07/1994  
 4. FEI Number Applied For  
 59-6598021 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

9. Name and Address of Current Registered Agent  
**DUFFY, EILEEN (MRS.)**  
**730 116 AVE.**  
**TREASURE ISLAND FL 33706**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	DUFFY, WILLIAM 739 116TH AVE. TREASURE ISLAND FL	12 NAME	
SD	DUFFY, EILEEN 730116 AVENUE TREASURE ISLAND FL	13 STREET ADDRESS	
PD	HILBURN, WAYNE R. 4440 58 ST., N. ST. PETERSBURG FL	14 CITY - ST - ZIP	
D	WILKINSON, LUTHER 6128 38TH AVE N. ST. PETERSBURG FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 such name or title appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eileen Duffy 2/16/95 813-360-8006  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Telephone