

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:49

DOCUMENT # 729108 (1)

1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF SANFORD, FLORIDA, INC.

Principal Place of Business Mailing Address
2501 SANFORD AVE SANFORD FL 32773-9581
2581 SANFORD AVE SANFORD FL 32773-9581

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/19/1974 | 3a. Date of Last Report 01/28/1994 |
| 4. FEI Number 59-6560192 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**HINTON, JOHN J.
2581 SANFORD AVE
SANFORD FL 32771**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| | |
|----------------|-----------------------------|
| TITLE | T |
| NAME | CORNETT, CHARLE |
| STREET ADDRESS | 906 SANTA BARBARA DR |
| CITY-ST-ZIP | SANFORD FL |
| TITLE | D |
| NAME | WATSON, PAUL |
| STREET ADDRESS | 297 GRANTLINE ROAD |
| CITY-ST-ZIP | ANFORD FL |
| TITLE | P |
| NAME | HINTON, JOHN J |
| STREET ADDRESS | 2581 SANFORD AVE |
| CITY-ST-ZIP | SANFORD, FL 00000 |
| TITLE | D |
| NAME | LLOYD, HOWARD |
| STREET ADDRESS | 105 CRYSTAL VIEW E. |
| CITY-ST-ZIP | SANFORD FL |
| TITLE | S |
| NAME | GAGER, TERESA |
| STREET ADDRESS | 2655 PARK AVENUE |
| CITY-ST-ZIP | SANFORD FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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)(4), 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 017, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: *John J. Hinton* 1-24-95 302-3128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Hinton