

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 # 729108 (1)
1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF SANFORD, FLORIDA, INC.



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

3. Date Incorporated or Qualified: 03/19/1974
3a. Date of Last Report: 02/08/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-6560192	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	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

HINTON, JOHN J.
2581 SANFORD AVE
SANFORD FL 32771

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	T CORNETT, CHARLIE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	906 SANTA BARBARA DR	1.2 NAME	
STREET ADDRESS	SANFORD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WATSON, PAUL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	297 GRANTLINE ROAD	2.2 NAME	David Willink
STREET ADDRESS	ANFORD FL	2.3 STREET ADDRESS	221 Crescent Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	P HINTON, JOHN J <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2581 SANFORD AVE	3.2 NAME	
STREET ADDRESS	SANFORD, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LLOYD, HOWARD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 CRYSTAL VIEW E.	4.2 NAME	Perry Hetsler
STREET ADDRESS	SANFORD FL	4.3 STREET ADDRESS	612 Sunrise Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	S GAGER, TERESA <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2655 PARK AVENUE	5.2 NAME	Bertha VanScoder
STREET ADDRESS	SANFORD FL	5.3 STREET ADDRESS	209 Arcadia Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

John J. Hinton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

407-322-3122

Date

Daytime Phone #

CR2E037 (12/95)