## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

729108

(1)

## FIRST CHURCH OF THE NAZARENE OF SANFORD, FLORIDA . INC.

Principal Place of Business Mailing Address 2581 SANFORD AVE 2581 SANFORD AVE SANFORD FL 32773-9581 SANFORD FL 32773-4618 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1974 03/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 59-6560192 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HINTON, JOHN J. 82 Street Address (P.O. Box Number is Not Acceptable) 2581 SANFORD AVE 63 SANFORD FL 32771 84 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change \_\_\_ Addition NAME CORNETT, CHARLIE 1.2 NAME 906 SANTA BARBARA DR STREET ACIDRESS 1.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change 21 TITLE Addition WILLINK, DAVID NAME 22 NAME 221 CRESCENT BLVD STREET ADDRESS 2.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 2. 4 CiTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HINTON, JOHN J NAME 3.2 NAME 2581 SANFORD AVE STREET ADDRESS 3.3 STREET ADDRESS SANFORD, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE HETSLER, PERRY NAME 4. 2 NAME 612 SUNRISE AVENUE STREET ADDRESS 4.3 STREET ADDRESS WINTER SPRINGS FL C(1Y - \$1 - Z(P 4.4 CITY-ST-ZIP DELETE Addition Change TITLE **5.1 TITLE** VAN SCODER, BERTHA NAME 5.2 NAME 209 ARCADIA ROAD STREET ADDRESS 5.3 STREET ADDRESS SANFORD FL CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Channe Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. I do hereby certify that the information supplied with this filing 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

SIGNATURE

appears in Block 12 or

ttachment with an address.

nanged, or op

-407-322-3122

**FILED** 

Feb 28 1997 8:00am

Secretary of State