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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730620 (2)

1. Corporation Name

TRINITY CHURCH OF THE NAZARENE OF LAKE CITY, INC

Principal Place of Business	Mailing Address
ROUTE 47 SOUTH P.O. BOX 1392 LAKE CITY FL 32055	ROUTE 47 SOUTH P.O. BOX 1392 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6554288 ☐ 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
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

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

9. Name and Address of Current Registered Agent

HARGENRADER, CHARLES J.
HIGHWAY 47 SOUTH
P. O. BOX 1392
LAKE CITY FL 32056

10. Name and Address of New Registered Agent

81 Name: THEON BURT
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 14 Box 520
83 Lake City
84 City: FL 85 Zip Code: 32024

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: Theon Burt — Theon Burt — April 18, 1995
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMONS, HENRY JR RT.3,BOX 128F,ST.RT.240 LAKE CITY, FL 00000	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition Secretary Clemons, Henry JR Rt. 3, Box 128F, St. rt. 240 Lake City, FL 32025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LATHINGHOUSE, LINDA RT. 1 BOX 340 LAKE CITY FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition Treasurer George N. Denby Rt.9Box 538, Lake City,FL32024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, SPENCER P. O. BOX 294 N/A LAKE CITY FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition Director Evelyn Butler Rt.15 Box 1734, Lake City, FL 32024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARGENRADER, CHARLES J. P. O. BOX 13392 N/A LAKE CITY FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition Pastor Theon Burt Rt. 14, Box 520, Lake City,FL 32024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SISTRUNK, SHERRELL RT. 1, BOX 4950 WHITE SPGS, FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition Director Grace Lamberson Rt. 14, Box 165D, Lake City, FL 32024

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

SIGNATURE: THEON BURT Theon Burt — 4-18-95 — 904-752-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022222