

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 # 730620 (2)
1. Corporation Name
TRINITY CHURCH OF THE NAZARENE OF LAKE CITY, INC



Principal Place of Business
**ROUTE 47 SOUTH
P.O. BOX 1392
LAKE CITY FL 32056
32056**

Mailing Address
**ROUTE 47 SOUTH
P.O. BOX 1392
LAKE CITY FL 32056
32056**

3. Date Incorporated or Qualified
09/05/1974

3a. Date of Last Report
04/24/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24 32056

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29 32056

Country
30

9. Name and Address of Current Registered Agent

**BURT, THEON
RT. 14 BOX 520
LAKE CITY FL 32024**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	CLEMONS, HENRY JR	
STREET ADDRESS	RT.3,BOX 128F,ST.RT.240	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DENBY, GEORGE N.	
STREET ADDRESS	RT. 9 BOX 538	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, EVELYN	
STREET ADDRESS	RT. 15 BOX 1734	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURT, THEON	
STREET ADDRESS	RT. 14 BOX 520	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SISTRUNK, SHERRELL	
STREET ADDRESS	RT. 1, BOX 4950	
CITY-ST-ZIP	WHITE SPGS. FL 32096	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAMBERSON, GRACE	
STREET ADDRESS	RT. 14 BOX 165D	
CITY-ST-ZIP	LAKE CITY FL 32024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Clayton	
1.3 STREET ADDRESS	P.O. Box 628 Tamarack Lane	
1.4 CITY-ST-ZIP	Lake City, FL 32056	
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)(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: *Theon Burt (THEON BURT)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

404-752-7175

Daytime Phone #

CR2E037 (12/95)