

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	Mailing Address ROUTE 47 SOUTH P.O. BOX 1392 LAKE CITY FL 32056-1392 US
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3. Date Incorporated or Qualified 09/05/1974	3a. Date of Last Report 04/24/1996
4. FEI Number 59-6554288	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BURT, THEON RT. 9 BOX 4520 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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 checked="" type="checkbox"/> DELETE
NAME	DENBY, GEORGE N.
STREET ADDRESS	RT. 9 BOX 538
CITY - ST - ZIP	LAKE CITY FL 32024
TITLE	D <input type="checkbox"/> DELETE
NAME	JAMES CLAYTON
STREET ADDRESS	P.O. BOX 628 TAMARACK LANE
CITY - ST - ZIP	LAKE CITY FL 32056
TITLE	P <input type="checkbox"/> DELETE
NAME	BURT, THEON
STREET ADDRESS	RT. 9 BOX 4520
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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Denby, Brenda
1.3 STREET ADDRESS	Rt. 9 Box 538
1.4 CITY - ST - ZIP	Lake City, FL 32024
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Margaret Craft
2.3 STREET ADDRESS	P.O. Box 1303 - Hwy 441 S at Michigan Av
2.4 CITY - ST - ZIP	Lake City, FL 32056
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William S. Burt
3.3 STREET ADDRESS	Rt 9 Box 4520
3.4 CITY - ST - ZIP	Lake City, FL 32024
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 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, Pres. 4-10-97 904-752-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)