FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 13 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730773 (9)

1. Corporation Name
THE NORTH FORT MYERS CHURCH OF THE NAZARENE, INC

Principal Place of Business	Mailing Address
555 PINE ISLAND ROAD N. FORT MYERS FL 33903	555 PINE ISLAND ROAD N. FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1974
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1577196 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

PARKER, H. RUSSELL
555 PINE ISLAND ROAD
NORTH FT. MYERS FL 33903

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, H. RUSSELL (REV)	1.2 NAME		
STREET ADDRESS	555 PINE ISLAND RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT MYERS FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	PREDKO, BETTY	2.2 NAME		
STREET ADDRESS	160 DOW LA	2.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT MYERS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BRUNNET, DOROTHY	3.2 NAME		
STREET ADDRESS	1968 S. PINE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PREDKO, JOHN	4.2 NAME	PAUL COOLEY	
STREET ADDRESS	166 DOW LANE	4.3 STREET ADDRESS	1407 S.E. 30TH ST.	
CITY-ST-ZIP	N. FT MYERS FL	4.4 CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWNING, MARY	5.2 NAME	MARY STALTER	
STREET ADDRESS	1411 JUDDALE STREET	5.3 STREET ADDRESS	7556 SUNCOAST DRIVE	
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	6.1 TITLE	T	☒ Change ☐ Addition
NAME	BOGGS, HELEN	6.2 NAME		
STREET ADDRESS	2197 ZOYSIA LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL	6.4 CITY-ST-ZIP		

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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: Rev. Harold Russell Parker 1-30-95 (813)997-2452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
REV. HAROLD RUSSELL PARKER

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