

**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 # 745572 (8)

1. Corporation Name

FIRST CHURCH OF THE NAZARENE OF POMPANO BEACH, I NC.



Principal Place of Business

Mailing Address

916 NE 4TH STREET  
POMPANO BEACH FL 33060

916 NE 4TH STREET  
POMPANO BEACH FL 33060

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/16/1979</b>   | 3a. Date of Last Report<br><b>02/06/1995</b>           |
| 4. FEI Number<br><b>59-0939946</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

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

9. Name and Address of Current Registered Agent

BROWN, RALPH, REV.  
732 N.E. 4TH STREET  
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City   | FL           |

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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BROWN, RALPH                                  | 1.2 NAME  |  |
| STREET ADDRESS             | 732 N.E. 4TH STREET                           | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | POMPANO BEACH FL 33060                        | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | DS <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | LEFFEY, JANET                                 | 2.2 NAME  | DS   |
| STREET ADDRESS             | 5530 LAKESIDE DRIVE #104                      | 2.3 STREET ADDRESS                                    | Brodien, Pauline   |
| CITY - ST - ZIP            | MARGATE FL 33063                              | 2.4 CITY - ST - ZIP                                   | 131 NE 59 Court<br>Ft. Lauderdale, FL 33334                                  |
| TITLE                      | TD <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | RAY, DAVID                                    | 3.2 NAME  |  |
| STREET ADDRESS             | 2420 N.W. 68TH TERRACE                        | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MARGATE FL 33063                              | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |   | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |   | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |   | 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: *Ralph E. Brown* Ralph E. Brown 01/23/96 954-942-6010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)