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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746153** **(6)**

1. Corporation Name

UNITED CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
1320 S. CHICKASAW TRAIL ORLANDO FL 32825	1320 S. CHICKASAW TRAIL ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1979
3a. Date of Last Report: 07/27/1994
4. FEI Number: 59-1882975 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ADAMS, MICHAEL D., REV.
1320 S. CHICKASAW TRAIL
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name: Joseph... Williams
82 Street Address (P.O. Box Number is Not Acceptable): 1320 S. Chickasaw Trail
83
84 City: Orlando, FL 85 Zip Code: 32825

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: Joseph Williams, Joseph Williams, 1/20/95
(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	T	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOSEPH M.	12 NAME	
STREET ADDRESS	4522 STILWELL DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	S ☒ Change ☐ Addition
NAME	SPIVEY, MARK	22 NAME	Mary Smith
STREET ADDRESS	3220 DUPREE AVENUE	23 STREET ADDRESS	5701 Carter Dr.
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32808
TITLE	PD	31 TITLE	PD ☒ Change ☐ Addition
NAME	ADAMS, MICHAEL D., REV.	32 NAME	Rev. Jon Gray
STREET ADDRESS	1320 S. CHICKASAW TRAIL	33 STREET ADDRESS	1320 S. Chickasaw Trail
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, WILLIAM PENN	42 NAME	
STREET ADDRESS	8734 PEPPERCORN	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	BENTON, LOWELL	52 NAME	
STREET ADDRESS	7340 B. DANIEL WEBSTER DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Joseph Williams, Director of Finance, 1/20/95 407-425-8454
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)

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