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 # 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

3. Date Incorporated or Qualified: 03/07/1979
3a. Date of Last Report: 05/01/1995
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
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 24 / Country 25	Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

WILLIAMS, JOSEPH
1320 S CHICKASAW TRAIL
ORLANDO FL 32825

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 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: _____ DATE: _____
Signature, Type or Print 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	
TITLE	T ☐ DELETE	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 ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, MARY	22 NAME	
STREET ADDRESS	5701 CORTEZ DR	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	GRAY, REV. JOHN	32 NAME	
STREET ADDRESS	1320 S CHICKASAW TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	T ☐ DELETE	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 ☐ DELETE	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	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (12/95)

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 M Williams 1/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #