

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:30

DOCUMENT # 747235 (0)

1. Corporation Name

FIRST CHURCH OF THE NAZARENE OF WINTERHAVEN, FLO  
RIDA, INC.

Principal Place of Business

Mailing Address

580 THIRD STREET SW  
WINTER HAVEN FL 33880

580 THIRD STREET SW  
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/17/1979

03/29/1994

4. FEI Number

59-1896521

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

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, ROY, E, REV.  
230 MANATEE ROAD  
WINTER HAVEN FL 33880 33884

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	DAVIS, CHARLES
STREET ADDRESS	1400 S. LAKE ELBERT DR
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	D
NAME	FENNELL, SAM
STREET ADDRESS	111 SEVILLA ST.
CITY - ST - ZIP	AUBURNDALE FL
TITLE	T
NAME	ROBNETT, PEGGY
STREET ADDRESS	337 OKALOSSA DR.
CITY - ST - ZIP	WINTER PK FL
TITLE	D
NAME	CLAUSSEN, BYRON
STREET ADDRESS	1900 N. LAKE HOWARD
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	P
NAME	ROGERS, ROY, E
STREET ADDRESS	230 MANATEE RD
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	EM
NAME	WHITSON, TOM
STREET ADDRESS	8010 ELOISE LOOP RD.
CITY - ST - ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1400 S. Lake ELBERT
1.4 CITY - ST - ZIP	Winter Haven FL 33880
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Auburndale FL 33823
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Winter Haven, FL 33884
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Winter Haven FL 33881
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Winter Haven, FL 33884
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	HANK SHELL
6.4 CITY - ST - ZIP	121 E Lake Summit Rd Winter Haven FL 33884

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 110.07(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:

*Peggy Robnett* Treasurer  
*Peggy Robnett*

2-20-95

813-324-2517