

**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 # **747235** (0)  
1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE OF WINTERHAVEN, FLO RIDA, INC.**



Principal Place of Business: **560 THIRD STREET SW WINTER HAVEN FL 33880**  
Mailing Address: **560 THIRD STREET SW WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified: **05/17/1979**  
3a. Date of Last Report: **02/24/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**ROGERS, ROY, E. REV.  
230 MANATEE ROAD  
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent  
81 Name: **Gerald W. Woods**  
82 Street Address (P.O. Box Number is Not Acceptable): **148 Lake Marium Rd**  
83  
84 City: **Winter Haven** FL 85 Zip Code: **33884**

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 officer 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: *Gerald Woods* DATE: **1/19/96**  
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS	
TITLE	DS <input type="checkbox"/> DELETE
NAME	DAVIS, CHARLES
STREET ADDRESS	1400 S. LAKE ELBERT
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FENNEL, SAM
STREET ADDRESS	111 SEVILLA ST.
CITY - ST - ZIP	AUBURNDALE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ROBNETT, PEGGY
STREET ADDRESS	337 OKALOSSA DR.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLAUSSEN, BYRON
STREET ADDRESS	1900 N. LAKE HOWARD
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ROGERS, ROY, E
STREET ADDRESS	230 MANATEE RD
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHELL, HANK
STREET ADDRESS	121 E LAKE SUMMIT DR
CITY - ST - ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Earl Rash
1.3 STREET ADDRESS	9 Edward Shays
1.4 CITY - ST - ZIP	Haines City FL 33884
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rance Hagner
2.3 STREET ADDRESS	230 Old Spanish Way
2.4 CITY - ST - ZIP	Winter Haven FL 33884
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dean Melton
3.3 STREET ADDRESS	739 Lake Martha Dr
3.4 CITY - ST - ZIP	Winter Haven FL 33881
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kent Lawrence
4.3 STREET ADDRESS	349 Seward Rd
4.4 CITY - ST - ZIP	Winter Haven FL 33884
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jim White
5.3 STREET ADDRESS	603 Palmetto Place
5.4 CITY - ST - ZIP	Winter Haven FL 33880
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dale Shackelford
6.3 STREET ADDRESS	913 Sunshine Way SW
6.4 CITY - ST - ZIP	Winter Haven FL 33880

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: *Peggy Robnett* *Peggy Robnett* DATE: **1/19/96** PHONE: **941-324-2571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)