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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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, FLORIDA, INC.



Principal Place of Business

Mailing Address

560 THIRD STREET SW
WINTER HAVEN FL 33880

560 THIRD STREET SW
WINTER HAVEN FL 33880-3413

3. Date Incorporated or Qualified
05/17/1979

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODS, GERALD W.
148 LAKE MARIAM RD.
WINTER HAVEN FL 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 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 *Gerald Woods*

(NOTE: Registered Agent signature required when reinstating)

2/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	DAVIS, CHARLES	
STREET ADDRESS	1400 S. LAKE ELBERT	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAFNER, RANCE	
STREET ADDRESS	230 OLD SPANISH WAY	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	T - D	<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	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITEL, JIM	
STREET ADDRESS	603 PALMETTO PL.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAKELFORD, DALE	
STREET ADDRESS	913 SUNSHINE WAY SW	
CITY-ST-ZIP	WINTER HAVEN FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul Christ	
1.3 STREET ADDRESS	4046 Cypress Landing C	
1.4 CITY-ST-ZIP	Winter Haven FL 33884	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Al Iselita	
2.3 STREET ADDRESS	4925 Cypress Gardens Rd # 62	
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	Front Lawrence	
3.3 STREET ADDRESS	509 Sunnyside Road	
3.4 CITY-ST-ZIP	Winter Haven FL 33884	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Alan Melton	
4.3 STREET ADDRESS	739 Lake Martha Dr	
4.4 CITY-ST-ZIP	Winter Haven FL 33881	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Paul Ross	
5.3 STREET ADDRESS	9 Edwards Shores	
5.4 CITY-ST-ZIP	Barnes City FL 33844	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hank Sheel	
6.3 STREET ADDRESS	121 E Lake Summit Dr	
6.4 CITY-ST-ZIP	Winter Haven FL 33884	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Gerald Woods*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/97

CR2E037 (9/96)