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 APR 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747626** **(0)**

1. Corporation Name

FERN PARK CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
141 O'BRIEN RD FERN PARK FL 32730	141 O'BRIEN RD FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/13/1979**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2080856** ☐ 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

CRAIGO, G (GALEN) CRAIGO
600 FREYER DRIVE
LONGWOOD, FLORIDA
32750

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed 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 IN 12		
TITLE	D	11 TITLE	D	☐ Change ☒ Addition
NAME	HAUCK, RICHARD	12 NAME	VERNON DuBOIS	
STREET ADDRESS	105 E. COLEMAN CIRCLE	13 STREET ADDRESS	1/8 ADELAIDE	
CITY-ST-ZIP	SANFORD FL	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	HAUCK, ISABELLE	22 NAME		
STREET ADDRESS	105 E COLEMAN CR	23 STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CRAIGO, JAMES G	32 NAME		
STREET ADDRESS	600 FREYER DR	33 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PIPPIN, PAUL	42 NAME		
STREET ADDRESS	241 E HILLCREST	43 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	CRAIGO, LOIS S	52 NAME		
STREET ADDRESS	600 FREYER DR	53 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 00000	54 CITY-ST-ZIP		
TITLE	P	61 TITLE		☐ Change ☐ Addition
NAME	TRIMBLE, JAMES H REV	62 NAME		
STREET ADDRESS	141 O'BRIEN RD	63 STREET ADDRESS		
CITY-ST-ZIP	FERN PARK, FL 00000	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: Rev James H Trimble 4/6/95 407-339-5138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rev. JAMES H TRIMBLE,

0031482