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 # 747802 (7)

1. Corporation Name
GULFPORT CHURCH OF THE NAZARENE

Principal Place of Business	Mailing Address
1000-55TH STREET SOUITH GULFPORT FL 33707	1000-55TH STREET SOUITH GULFPORT FL 33707

3. Date Incorporated or Qualified: 06/25/1979
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business
21: 1000-55St SouTH
22: Suite, Apt. #, etc.
23: City & State: GulfPort, Fla
24: Zip: 33707
25: Country: PINELLAS

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-1696007 ☐ 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

CLAXTON, KENNETH
3030 50TH ST SO
GULFPORT FL 33707

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: Frank McCloud Treasurer DATE: 1/24/96
Name of, 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	DP	☒ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	BELUS, DENNIS E.		1.2 NAME	MCCLOUD, FRANK	
STREET ADDRESS	1000 55TH STREET SOUTH		1.3 STREET ADDRESS	2701 34th ST. N.	
CITY-ST-ZIP	GULFPORT FL		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33713	
TITLE	TD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCCLOUD, FRANK		2.2 NAME	MC CLOUD CLELIA	
STREET ADDRESS	~~2601 49TH ST. S~~		2.3 STREET ADDRESS	2701 34th ST. N.	
CITY-ST-ZIP	GULFPORT FL		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE	SD	☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	MCCLOUD, CLELIA		3.2 NAME	PUCKETT ARVIN	
STREET ADDRESS	~~5317 TANGERINE AVE S~~		3.3 STREET ADDRESS	5317 TANGERINE AVE S.	
CITY-ST-ZIP	GULFPORT FL		3.4 CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	800001738228	
STREET ADDRESS			5.3 STREET ADDRESS	-03/11/96--01010--014	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3-8-96

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: Frank McCloud FRANK McCLOUD/TREASURER 1/24/96 327-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #