

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 # 748811 (7)

1. Corporation Name

EVANGEL TEMPLE CHURCH OF THE NAZARENE, INC.



Principal Place of Business

Mailing Address

4523 LAKE LAWN AVE.  
P. O. BOX 585006 (ZIP 32858-5006)  
ORLANDO FL 32808

4523 LAKE LAWN AVE.  
P. O. BOX 585006 (ZIP 32858-5006)  
ORLANDO FL 32808

3. Date Incorporated or Qualified  
09/05/1979

3a. Date of Last Report  
05/22/1995

2. Principal Place of Business

21 4085 NIMONS STREET

Suite, Apt. #, etc.

22 P.O. BOX 585006 (32858-)

City & State

23 ORLANDO, FL

24 Zip 32811

25 Country ORANGE

2a. Mailing Address

26 4085 NIMONS STREET

Suite, Apt. #, etc.

27 City & State

28 ORLANDO, FL

29 Zip 32811

30 Country ORANGE

4. FEI Number

59-1882831

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

HANDLEY, BRUCE L.  
4523 LAKE LAWN AVE.  
ORLANDO FL 32808

81 Name

MARGARET J. COLEMAN

82 Street Address (P.O. Box Number is Not Acceptable)  
4085 NIMONS STREET

83

84 City

ORLANDO, FL

FL

85 Zip Code

32811

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

*Margaret J. Coleman, Resident Agent*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-96

12. OFFICERS AND DIRECTORS

TITLE ☒ P ☐ DELETE  
NAME HIRES, ROBERT L  
STREET ADDRESS 4116 BRINNELL AVE  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ D ☐ DELETE  
NAME COLEMAN, MARGARET  
STREET ADDRESS 4085 NIMONS STREET  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ D ☒ DELETE  
NAME INGRAM, FLORA N  
STREET ADDRESS 3721 WILTS STREET  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ F ☒ DELETE  
NAME HANDLEY, BRUCE L.  
STREET ADDRESS 4523 LAKE LAWN AVE.  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ SD ☒ DELETE  
NAME HANDLEY, CHARLA  
STREET ADDRESS 4523 LAKE LAWN AVE.  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
F COLEMAN, MARGARET J  
4085 NIMONS ST  
ORLANDO, FL 32811

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
T BENNIE BELLAMY  
4523 ARCH STREET  
ORLANDO, FL 32808

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
T MARY F. SIMMONS  
4117 KALWIT LANE  
ORLANDO, FL 32808

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
T FLORA N. INGRAM  
3721 WILTS STREET  
ORLANDO, FL 32805

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
70000186888  
-06/20/96--01020--055  
\*\*\*61.25

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:

ROBERT L. HIRES

*Robert L. Hires*

4/14/96

(407)299-4612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)