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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:13

DOCUMENT # 749538 (5)

1. Corporation Name

CENTRAL FLORIDA DISTRICT CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5680 LAKELAND FL 33807-5680	P.O. BOX 5680 LAKELAND FL 33807-5680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1979
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-0917278 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

ROGERS ROY E
560 THIRD STREET SW
WINTER HAVEN FL 33880

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 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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE		☐ Change ☐ Addition
NAME	LEEPER LARRY	1.2 NAME		
STREET ADDRESS	~~910 COHASSETT AVE~~ 509 Neslo Lane	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~LAKE WALES FL~~ Lakeland, FL 33813	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, ROY E.	2.2 NAME		
STREET ADDRESS	560 3RD STREET, SW	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	FULLER, GENE	3.2 NAME		
STREET ADDRESS	4720 CLEVELAND HTS. BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	~~WELLMAN, DON~~	4.2 NAME	Larry W. Leonard	
STREET ADDRESS	~~4177 LAKELAND HGLND RD~~	4.3 STREET ADDRESS	5614 Craindale Ave.	
CITY-ST-ZIP	~~LAKELAND FL~~	4.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CHARLES	5.2 NAME		
STREET ADDRESS	1400 S. ELBERT DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Gene Fuller 1/12/95 813-644-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gene Fuller, President

00A7007