

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3: 22

DOCUMENT # 753994 (3)

1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF TALLAHASSEE, FLORIDA, INC.

Principal Place of Business Mailing Address
1983 MAHAN DR TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1980	3a. Date of Last Report 05/12/1994
4. FEI Number 59-6543210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**BRUNDAGE, M I
1206 N DUVAL ST
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLS, DOUGLAS
STREET ADDRESS	1322 W. ALSHIRE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	BRUNDAGE, MEL
STREET ADDRESS	1206 N DUVAL ST
CITY - ST - ZIP	TALLAHASSEE, FL 00000
TITLE	D
NAME	DHANARJAN, ZACHARIAH
STREET ADDRESS	1693 COOPERFIELD CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	T
NAME	BRAZELL, DAVID
STREET ADDRESS	2616 VASSAR RD.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	SEIDEL, RICK
STREET ADDRESS	8885 GLENMEADOW LN
CITY - ST - ZIP	TALLAHASSEE, FL 00000
TITLE	D
NAME	LLOYD, LARRY
STREET ADDRESS	1286 CORDOVA CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL 32301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	McClelland, Jane
6.3 STREET ADDRESS	2016 Chowkeebin Nene
6.4 CITY - ST - ZIP	Tallahassee, Florida 32301

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 included 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Douglas M. Mills 2/8/95 (904) 877-2650
(Signature, typed or printed name of signing officer or director) (Date) (Official Phone #)