

**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 # 753994 (3)

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



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

3. Date Incorporated or Qualified: 08/29/1980  
3a. Date of Last Report: 02/15/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-6543210	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRUNDAGE, M I 1206 N DUVAL ST TALLAHASSEE FL 32303		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILLS, DOUGLAS		1.2 NAME	
STREET ADDRESS: 1322 W. ALSHIRE		1.3 STREET ADDRESS	
CITY-ST-ZIP: TALLAHASSEE FL		1.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRUNDAGE, MEL		2.2 NAME	
STREET ADDRESS: 1206 N DUVAL ST		2.3 STREET ADDRESS	
CITY-ST-ZIP: TALLAHASSEE, FL 00000		2.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DHANARJAN, ZACHARIAH		3.2 NAME	
STREET ADDRESS: 1693 COOPERFIELD CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP: TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE: T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRAZELL, DAVID		4.2 NAME	
STREET ADDRESS: 2616 VASSAR RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP: TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SEIDEL, RICK		5.2 NAME	
STREET ADDRESS: 6885 GLENMEADOW LN		5.3 STREET ADDRESS	
CITY-ST-ZIP: TALLAHASSEE, FL 00000		5.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCCLELLAND, JANE		6.2 NAME	
STREET ADDRESS: 2016 CHOWKEEBIN NENE		6.3 STREET ADDRESS	
CITY-ST-ZIP: TALLAHASSEE FL		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)(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: \_\_\_\_\_ DATE: 4-28-96 DAYTIME PHONE #: 904 877 0617

CR2E037 (12/95)