

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753994 (3)**

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

Principal Place of Business <b>1983 MAHAN DR TALLAHASSEE FL 32305</b>	Mailing Address <b>1983 MAHAN DR TALLAHASSEE FL 32305</b>
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3. Date Incorporated or Qualified  
**08/29/1980**

4. FEI Number  
**59-6543210**

Applied For   
 Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MILLS, DOUGLAS  
 1322 ALSHIRE CT. W.  
 TALLAHASSEE FL 32311**

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

**FL**

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: *Douglas M. Mills* **Douglas M. Mills** *April 6, 1998*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>MILLS, DOUGLAS PASTOR</b>	
STREET ADDRESS	<b>1322 ALSHIRE CT. W.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>BRUNDAGE, MEL</b>	
STREET ADDRESS	<b>1206 N DUVAL ST</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>DHANARJAN, ZACHARIAH</b>	
STREET ADDRESS	<b>1693 COOPERFIELD CIRCLE</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>SEIDEL, RICHARD</b>		
1.3 STREET ADDRESS	<b>6885 GLENMEADOW LANE</b>		
1.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL 32311</b>		
2.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>PHILLIPS, SIMMIE</b>		
2.3 STREET ADDRESS	<b>5106 CHAMBORD DRIVE</b>		
2.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL 32308</b>		
3.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>NICHOLS, KENNETH</b>		
3.3 STREET ADDRESS	<b>3199 WHITNEY DRIVE, E.</b>		
3.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL 32308</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing 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: *Douglas M. Mills* **Douglas M. Mills** *April 6, 1998* **950)577-2650**

CR2E037 (10/97)