

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 # 754365 (5)
1. Corporation Name
THE ARCADIA FIRST CHURCH OF THE NAZARENE, INC.



Principal Place of Business
**132 WEST GIBSON STREET
ARCADIA FL 33821
US**

Mailing Address
**132 WEST GIBSON STREET
ARCADIA FL 33821
US**

3. Date Incorporated or Qualified
09/25/1980

3a. Date of Last Report
01/30/1995

4. FEI Number
59-0954724 59-0954124

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

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, JOHN E.
6230 S.W. C-760
ARCADIA FL 33821**

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

Signature, typed or printed name of registered agent and title if available

(If Title: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P ROWAN, T. EARL**

STREET ADDRESS **324 SMITH AVENUE**

CITY-ST-ZIP **ARCADIA FL 33821**

TITLE ☐ DELETE

NAME **D BAIRD, ROBERT**

STREET ADDRESS **1231 S.E. VERMONT AVE.**

CITY-ST-ZIP **ARCADIA FL 33821**

TITLE ☐ DELETE

NAME **TD JOHNSON, JOHN E**

STREET ADDRESS **6230 S.W. COUNTY RD. 760**

CITY-ST-ZIP **ARCADIA, FL 00000 33821**

TITLE ☐ DELETE

NAME **D BROWN, DONNA**

STREET ADDRESS **1712 S.E. PEAR DR.**

CITY-ST-ZIP **ARCADIA, FL 00000 33821**

TITLE ☐ DELETE

NAME **D BROWN, ELIZABETH**

STREET ADDRESS **1722 N.E. TRISHA AVE.**

CITY-ST-ZIP **ARCADIA FL 33821**

TITLE ☐ DELETE

NAME **SD HILL, JERRY**

STREET ADDRESS **4337 NE Hwy 17**

CITY-ST-ZIP **ARCADIA FL 33821**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

NAME **D, Don Ryan**

12 NAME **2049 NE Goolsby St.**

13 STREET ADDRESS **Arcadia, FL 33821**

14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition

NAME **D, Sharon Turner**

22 NAME **3409 SE County Road 760**

23 STREET ADDRESS **Arcadia, FL 33821**

24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

NAME **D, Carlos Palmer**

32 NAME **1751 NE Mike St.**

33 STREET ADDRESS **Arcadia, FL 33821**

34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition

NAME **D, Doris Twohig**

42 NAME **13615 SE Hwy 70 Box 10**

43 STREET ADDRESS **Arcadia, FL 33821**

44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

NAME **D, Penny Lewis**

52 NAME **2587 NW Pine Creek Ave.**

53 STREET ADDRESS **Arcadia, FL 33821**

54 CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition

NAME **D, Sherrie Turner**

62 NAME **2173 NE Washington St.**

63 STREET ADDRESS **Arcadia, FL 33821**

64 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 supplement to 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Month, Year

CR2E037 (12/95)