

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 # **754992** (6)
1. Corporation Name
FIRST CHURCH OF THE NAZARENE, INCORPORATED BARTOW W, FLORIDA



Principal Place of Business: **BARTOW, FLORIDA 950 S. FLORAL AVE. BARTOW FL 33830**
Mailing Address: **BARTOW, FLORIDA 950 S. FLORAL AVE. BARTOW FL 33830**

3. Date Incorporated or Qualified: **11/05/1980**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-6537862**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Country

9. Name and Address of Current Registered Agent: **CASSICK, RICHARD 840 SHADYLANE BARTOW FL 33830**
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 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: PD	NAME: CASEY, J. B. <input checked="" type="checkbox"/> DELETE	11 TITLE: President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 280 W HOOKER ST	CITY-ST-ZIP: BARTOW FL	12 NAME: Lawrence E. Leeper	
		13 STREET ADDRESS: 509 Neslo Lane	
		14 CITY-ST-ZIP: Lakeland, FL 33813	
TITLE: T	NAME: CASSICK, ELEANOR <input type="checkbox"/> DELETE	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3539 GARRARD ROAD	CITY-ST-ZIP: FT. MEADE FL	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	
TITLE: D	NAME: BERNOR, GLENN <input type="checkbox"/> DELETE	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 713 ROSE ST. LOT #1	CITY-ST-ZIP: AUBURNDALE FL	32 NAME:	
		33 STREET ADDRESS:	
		34 CITY-ST-ZIP:	
TITLE: S	NAME: CASSICK, RICK <input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 840 SHADY LANE	CITY-ST-ZIP: BARTOW FL	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE: D	NAME: CASSICK, FRED <input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3539 GARRARD ROAD	CITY-ST-ZIP: FT. MEADE FL	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE:	NAME: <input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		62 NAME:	
CITY-ST-ZIP:		63 STREET ADDRESS:	
		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 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 a true address.

SIGNATURE: *Richard J. Cassick* 2/2/96 941-533-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)