FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761407 (6)

1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF FT. MEADE, INC.

Principal Place of Business	Mailing Address
7 CHEROKEE ST. FT. MEADE FL 33841 US	~~994 MILMAN STREET~~ ~~FT. MEADE FL 33841~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1982
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2184234 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Above	26 2535 Hwy 98E
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Ft. Meade, Fl. 33841
24 Zip / 25 Country	29 Zip / 30 Country Polk

9. Name and Address of Current Registered Agent

~~CARR, ROGER~~
~~994 MILMAN STREET~~
~~FT. MEADE FL 33841~~

10. Name and Address of New Registered Agent

81 Name: Jon Betz
82 Street Address (P.O. Box Number is Not Acceptable): 10 Loma Linda Dr
83: Lakeland, Fl 33813
84 City: FL 85 Zip Code: 33813

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: Jon M. Betz — 2-4-95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	CAR, ROGER	1.2 NAME	Pastor
STREET ADDRESS	~~994 MILMAN STREET~~	1.3 STREET ADDRESS	Jon Betz
CITY-ST-ZIP	~~FT. MEADE FL~~	1.4 CITY-ST-ZIP	10 Loma Linda Dr Lakeland, Fl 33813
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, ELMER	2.2 NAME	
STREET ADDRESS	2535 HWY 98 E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, NORMA, MRS.	3.2 NAME	
STREET ADDRESS	2535 HWY 98 E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, ELMER	4.2 NAME	
STREET ADDRESS	2535 HWY 98 E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	4.4 CITY-ST-ZIP	
TITLE	ASTP	5.1 TITLE	Asst Pastor ☒ Change ☐ Addition
NAME	PALMER, GERALD	5.2 NAME	Wade Roberts
STREET ADDRESS	~~181 TRACY CT.~~	5.3 STREET ADDRESS	2821 Hwy 98 E
CITY-ST-ZIP	~~FT. MEADE FL~~	5.4 CITY-ST-ZIP	Ft. Meade, Fl 33841
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Norma Lewis, Sec — Norma Lewis — 1-23-95 — 813-285-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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