

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 # **761407** (6)

1. Corporation Name

FIRST CHURCH OF THE NAZARENE OF FT. MEADE, INC.



Principal Place of Business

**7 CHEROKEE ST.
FT. MEADE FL 33841
US**

Mailing Address

**2535 HWY 98E
FT. MEADE FL 33841
US**

3. Date Incorporated or Qualified

01/11/1982

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2184234

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BETZ, JON
10 LOMA LINDA DR.
LAKELAND FL 33813**

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

Jon M. Betz
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BETZ, JON**
STREET ADDRESS **10 LOMA LINDA DRIVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **T** ☐ DELETE
NAME **LEWIS, ELMER**
STREET ADDRESS **2535 HWY 98 E.**
CITY-ST-ZIP **FT. MEADE FL**

TITLE **SD** ☐ DELETE
NAME **LEWIS, NORMA, MRS.**
STREET ADDRESS **2535 HWY 98 E.**
CITY-ST-ZIP **FT. MEADE FL**

TITLE **TD** ☐ DELETE
NAME **LEWIS, ELMER**
STREET ADDRESS **2535 HWY 98 E.**
CITY-ST-ZIP **FT. MEADE FL**

TITLE **ASTP** ☒ DELETE
NAME **ROBERTS, WADE**
STREET ADDRESS **2821 HWY 98 E.**
CITY-ST-ZIP **FT. MEADE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Floyd Lewis**
5.3 STREET ADDRESS **Hwy 98 E**
5.4 CITY-ST-ZIP **Fort Meade, Fl 33841**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Jon M. Betz - Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)