SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **763356** (3)

1. Corporation Name
LAKE CITY FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
603 SOUTH ALACHUA STREET LAKE CITY FL 32055-5211 US	P.O. BOX 1063 LAKE CITY FL 32056-1063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1982	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-6543220	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EVANS, MICHAEL H REV.
108 MAGNOLIA DR.
LAKE CITY FL 32025

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, MICHAEL H REV.		1.2 NAME	
STREET ADDRESS	108 MAGNOLIA DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VANN MARC		2.2 NAME	
STREET ADDRESS	5 W DUVAL ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VANN, MARC		3.2 NAME	
STREET ADDRESS	5 W DUVAL ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, MARION		4.2 NAME	
STREET ADDRESS	1385 S. CHURCH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARDEN, DONALD		5.2 NAME	
STREET ADDRESS	1240 MARGARET ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		5.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, MARION		6.2 NAME	
STREET ADDRESS	1101 MARGARET ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		6.4 CITY-ST-ZIP	

CR2E037 (4/97)

14. I do 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: Howard M Evans SIGNATURE REQUIRED 904-752-9696