

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:38

DOCUMENT # **N00008 (5)**

1. Corporation Name

**FIRST CHURCH OF THE NAZARENE OF PANAMA CITY, FLORIDA, INC.**

Principal Place of Business

Mailing Address

3610 2. 17TH STREET  
PANAMA CITY FL 32401  
US

3610 W. 17TH STREET  
PANAMA CITY FL 32401  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/22/1983** 3a. Date of Last Report **01/24/1994**

4. FEI Number **59-6543214** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNTON, RON L.  
2605 MICHIGAN AVE.  
PANAMA CITY FL 32405**

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **THORNTON, RON REV.**  
STREET ADDRESS **2605 MICHIGAN AVE.**  
CITY- ST- ZIP **PANAMA CITY FL**

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

TITLE **D**  
NAME **SNELGROVE, RICHARD**  
STREET ADDRESS **3900 W 19TH ST.**  
CITY- ST- ZIP **PANAMA CITY FL**

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

TITLE **D**  
NAME **FLOYD, NICK**  
STREET ADDRESS **3438 ORMOND AVE**  
CITY- ST- ZIP **PANAMA CITY FL**

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

TITLE **TD**  
NAME **FETTINGER, JERRY (TRUSTE**  
STREET ADDRESS **5821 PINETREE RD.**  
CITY- ST- ZIP **PANAMA CITY FL**

4.1 TITLE  Change  Addition  
4.2 NAME **Capolla, Kathy**  
4.3 STREET ADDRESS **2601 Briarcliff Rd.**  
4.4 CITY- ST- ZIP **Panama City, FL 32405**

TITLE **D**  
NAME **MOORE, RICHARD W.**  
STREET ADDRESS **124 BALDWIN**  
CITY- ST- ZIP **PANAMA CITY FL**

5.1 TITLE  Change  Addition  
5.2 NAME **TR Coleman, Lynford**  
5.3 STREET ADDRESS **104 Joy Cir.**  
5.4 CITY- ST- ZIP **Panama City, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Ron Thornton Rev. Ron Thornton 1/27/95 904-763-4853

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)