

**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 # **N00008 (5)**

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



Principal Place of Business: 3610 2. 17TH STREET PANAMA CITY FL 32401 US  
Mailing Address: 3610 W. 17TH STREET PANAMA CITY FL 32401 US

3. Date Incorporated or Qualified: 11/22/1983  
3a. Date of Last Report: 02/02/1995

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
	Suite, Apt. #, etc.	City & State	Zip	Country		Suite, Apt. #, etc.	City & State	Zip	Country	59-6543214	Not Applicable
										5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
										6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
										8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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	P THORNTON, RON REV. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, RON REV.	1.2 NAME	
STREET ADDRESS	2605 MICHIGAN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	D SNELGROVE, RICHARD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELGROVE, RICHARD	2.2 NAME	
STREET ADDRESS	3900 W 19TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	D FLOYD, NICK <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, NICK	3.2 NAME	
STREET ADDRESS	3436 ORMOND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	T CAPOLLA, KATHY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPOLLA, KATHY	4.2 NAME	
STREET ADDRESS	2601 BRIARCLIFF RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	TR COLEMAN, LYNFORD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, LYNFORD	5.2 NAME	
STREET ADDRESS	104 JOY CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Rev. Ron Thornton* 1-24-96 904 763-4852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)