

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00008 (5)

1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF PANAMA CITY, FLO RIDA, INC.



Principal Place of Business 3610 2. 17TH STREET PANAMA CITY FL 32401 US	Mailing Address 3610 W. 17TH STREET PANAMA CITY FL 32401-1113 US
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3. Date Incorporated or Qualified 11/22/1983	3a. Date of Last Report 02/01/1996
4. FEI Number 59-6543214	Applied For <input type="checkbox"/> 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	

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

9. Name and Address of Current Registered Agent

**THORNTON, RON L.
 2805 MICHIGAN AVE.
 PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	THORNTON, RON REV.
STREET ADDRESS	2805 MICHIGAN AVE.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SNELGROVE, RICHARD
STREET ADDRESS	3900 W 19TH ST.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FLOYD, NICK
STREET ADDRESS	3436 ORMOND AVE
CITY - ST - ZIP	PANAMA CITY FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CAPOLLA, KATHY
STREET ADDRESS	2801 BRIARCLIFF RD
CITY - ST - ZIP	PANAMA CITY FL
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, LYNFORD
STREET ADDRESS	104 JOY CIR
CITY - ST - ZIP	PANAMA CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TR Coppola
5.3 STREET ADDRESS	Capolla, Ed
5.4 CITY - ST - ZIP	2601 Briarcliff Rd
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Ron Thornton* **Rev. Ron Thornton** 1-30-97 904-763-4852

CR2E037 (9/96)