

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MATHIAS
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **N01068 (8)**

HIGHLAND PARK CHURCH OF THE NAZARENE, INC.

APPROVED AND FILED
MAY 11 1995
9:25
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
C/O RON R EDWARDS 4777 LAKELAND HIGHLANDS RD LAKELAND FL 33813		C/O RON R EDWARDS 4777 LAKELAND HIGHLANDS RD LAKELAND FL 33813		3. Date incorporated or Qualified 01/24/1984	3a. Date of Last Report 01/24/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0838102	Applied For Not Applicable
21. Suite, Apt # etc.	22. City & State	26. Suite, Apt # etc.	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	24. County	28. Zip	29. County	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRINKMAN, EARL 6 LOMA LINDA LAKELAND FL 33813		81. Name Ron R. Edwards	85. Zip Code 33813
		82. Street Address (P.O. Box Number is Not Acceptable) 4777 Lakeland Highlands Road	
		83. City Lakeland	
		84. State FL	

11. Pursuant to the provisions of Sections 607.2602 and 607.1502 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 607.0205, Florida Statutes.

SIGNATURE: *Ron R. Edwards* Ron R. Edwards, Secretary, May 1, 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD WELLMAN, W DONALD 4777 LKLAND HIGHLAND RD LAKELAND FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	PD Dennis, Larry D. 4777 Lakeland Highlands Road Lakeland, Florida 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD EDWARDS, RON R. 4777 LKLAND HIGHLAND RD LAKELAND FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD MARSHALL, TED 4777 LKLAND HIGHLAND RD LAKELAND FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD BRINKMAN, EARL 4777 LAKELAND HIGHLAND RD LAKELAND FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 139.07(4)(b), 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 of this document or on an attachment to this address.

SIGNATURE: *Larry D. Dennis* 5-2-95 647-3518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR