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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N01159** (5)

1. Corporation Name

**LAKE MARY CHURCH OF THE NAZARENE INC.**



Principal Place of Business

Mailing Address

171 E. CRYSTAL LAKE AVE..  
LAKE MARY FL 32746

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LAKE MARY FL 32746

3. Date Incorporated or Qualified

**01/31/1984**

3a. Date of Last Report

**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1981331**

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENT, MARY T.

~~1536 MOCKINGBIRD LANE~~

~~LONGWOOD FL 32750~~

*1704 SUNSET DRIVE*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD LEONARD, LARRY L.

STREET ADDRESS 207 JUSTIN WAY

CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME SD DRIGGERS, ANNETTE

STREET ADDRESS 171 7TH ST.

CITY-ST-ZIP CHULUOTA FL

TITLE ☐ DELETE

NAME TD KENT, MARY T.

STREET ADDRESS 1704 SUNSET DRIVE

CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/10/96 (407) 328-1800*

CR2E037 (12/95)