

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04098 (2)
 1. Corporation Name
CENTRAL CHURCH OF THE NAZARENE, INC.



Principal Place of Business G/O REV. S. PAUL WEHR 2130 UNIVERSITY BOULEVARD NORTH JACKSONVILLE FL	Mailing Address G/O REV. S. PAUL WEHR 2130 UNIVERSITY BOULEVARD NORTH JACKSONVILLE FL
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3. Date Incorporated or Qualified 07/02/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1629241	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2130 University Blvd. N.	2a. Mailing Address 26 2130 University Blvd. N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL 32211	City & State 28 Jacksonville, FL 32211
Zip 24 32211	Country 25 USA
Zip 29 32211	Country 30 USA

9. Name and Address of Current Registered Agent
**WEHR, PAUL S REV
2130 UNIVERSITY BOULEVARD, NORTH
JACKSONVILLE FL**

10. Name and Address of New Registered Agent

81 Name Daniel E. Kinzler
82 Street Address (P.O. Box Number is Not Acceptable) 3587 Thornhill Drive
83
84 City Jacksonville
85 State FL
Zip Code 32277

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 *Daniel E. Kinzler* DATE **7/31/96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME COSBY, JERRY	<input type="checkbox"/> DELETE
STREET ADDRESS 4624 MONUMENT PT. DR.	CITY - ST - ZIP JACKSONVILLE FL 32225	
TITLE D	NAME TOWNSEND, CLARENCE	<input type="checkbox"/> DELETE
STREET ADDRESS 6654 MERRILL RD.	CITY - ST - ZIP JACKSONVILLE FL 32225	
TITLE D	NAME GOERLICH, MILT	<input type="checkbox"/> DELETE
STREET ADDRESS 8603 BURKHALL ST	CITY - ST - ZIP JACKSONVILLE FL 32211	
TITLE S/D	NAME BOMBA, STEPHEN	<input type="checkbox"/> DELETE
STREET ADDRESS 10612 FT. CAROLINE RD.	CITY - ST - ZIP JACKSONVILLE FL 32225	
TITLE D	NAME MILLAN, DAN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2301 AROMORE CT	CITY - ST - ZIP JACKSONVILLE FL 32211	
TITLE 	NAME 	<input type="checkbox"/> DELETE
STREET ADDRESS 	CITY - ST - ZIP 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Daniel E. Kinzler	
1.3 STREET ADDRESS 3587 Thornhill Drive	
1.4 CITY - ST - ZIP Jacksonville, FL 32277	
2.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME L. Manolia Jones	
2.3 STREET ADDRESS 417 Nitram Street	
2.4 CITY - ST - ZIP Jacksonville, FL 32211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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: *L. Manolia Jones* DATE: **7/31/96** (904) 725-0395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (3/96)