FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:52

DOCUMENT # N04971 (0)

1. Corporation Name
MADISON FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
RT 3 BOX 2500-90 W AT LAMOYNE MADISON FL 32340	4300 NW 23RD AVE. SUITE 520 GAINESVILLE FL 32614-7050 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1984
3a. Date of Last Report: 07/14/1994
4. FEI Number: 59-2442323 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 4741 Atlantic Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite E4
City & State 23	City & State 28 Jacksonville, FL
Zip / Country 24 / 25	Zip / Country 29 32207 / 30 Duval

9. Name and Address of Current Registered Agent

GUNTER, D. MOODY
12508 MASTERS RIDGE DR.
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: D. Moody Gunter 01/17/95
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	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	AGNER, J CARROLL	1.2 NAME		
STREET ADDRESS	RT 1, BOX 2570	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	S	☒ Change ☐ Addition
NAME	JENKINS, ORVILLE J	2.2 NAME		
STREET ADDRESS	2938 DUPONT AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SAWYER, ED	3.2 NAME		
STREET ADDRESS	38328 CROWN PL	3.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	GUNTER, D. MOODY	4.2 NAME		
STREET ADDRESS	12508 MASTERS RIDGE DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	WEST, CHARLES	5.2 NAME	CAMPBELL, TOM	
STREET ADDRESS	4321 NW 13TH AVE.	5.3 STREET ADDRESS	908 E. RICH AVE	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	DELAND FL 32724	
TITLE		6.1 TITLE		☐ Change ☐ 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)(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 any address.

SIGNATURE: D. Moody Gunter 1-17-95 904-391-0066
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002013