

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 323404741 ATLANTIC BLVD
SUITE E4
JACKSONVILLE FL 32207-2168
US3. Date Incorporated or Qualified
09/05/19843a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-2442323

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETET
PATRICK, MARK R.
4040 WOODCOCK DRIVE #230
JACKSONVILLE FLTITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETES
JENKINS, ORVILLE J
2938 DUPONT AVE.
JACKSONVILLE FLTITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETED
SAWYER, ED
38328 CROWN PL
LADY LAKE FLTITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETEP
GUNTER, D. MOODY
12508 MASTERS RIDGE DR.
JACKSONVILLE FLTITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ DELETED
CAMPBELL, TOM
908 E. RICH AVE
DELAND FLTITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETED
MILLS, DOUG
1983 MAHAN DRIVE
TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☒ Addition6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP ☐ Change ☐ Addition8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP ☐ Change ☐ Addition9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY - ST - ZIP ☐ Change ☐ Addition10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY - ST - ZIP ☐ Change ☐ Addition11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY - ST - ZIP ☐ Change ☐ Addition12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP ☐ Change ☐ Addition13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP ☐ Change ☐ Addition14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY - ST - ZIP ☐ Change ☐ Addition15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY - ST - ZIP ☐ Change ☐ Addition16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY - ST - ZIP ☐ Change ☐ Addition17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY - ST - ZIP ☐ Change ☐ Addition18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY - ST - ZIP ☐ Change ☐ Addition19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY - ST - ZIP ☐ Change ☐ Addition20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY - ST - ZIP ☐ Change ☐ Addition21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY - ST - ZIP ☐ Change ☐ Addition22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY - ST - ZIP ☐ Change ☐ Addition23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY - ST - ZIP ☐ Change ☐ Addition24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY - ST - ZIP ☐ Change ☐ Addition25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY - ST - ZIP ☐ Change ☐ Addition26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY - ST - ZIP ☐ Change ☐ Addition27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY - ST - ZIP ☐ Change ☐ Addition28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 CITY - ST - ZIP ☐ Change ☐ Addition29.1 TITLE 29.2 NAME 29.3 STREET ADDRESS 29.4 CITY - ST - ZIP ☐ Change ☐ Addition30.1 TITLE 30.2 NAME 30.3 STREET ADDRESS 30.4 CITY - ST - ZIP ☐ Change ☐ Addition

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: D. Moody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone 904391006

CR2E037 (9/96)