

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:42

DOCUMENT # **N05707 (7)**

1. Corporation Name

FIRST CHURCH OF THE NAZARENE, WEST PALM BEACH, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: FIRST CHURCH OF THE NAZARENE, 5601 FOREST HILL BLVD., WEST PALM BEACH FL 33415 US
Mailing Address: C/O REV. ROYCE WILKERSON, 1712 BRESEE RD., WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified: 10/17/1984
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2374830
Applied For: Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24
Country: 25
29

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

9. Name and Address of Current Registered Agent
WILKERSON, REV. ROYCE
1712 BRESEE RD.
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WILKERSON, REV ROYCE D
STREET ADDRESS	1712 BRESEE RD
CITY- ST- ZIP	W. PALM BEACH FL
TITLE	D
NAME	WOODY, GEORGE
STREET ADDRESS	27 OHIO ST.
CITY- ST- ZIP	LAKE WORTH FL
TITLE	TD
NAME	BEUTER, RUTH
STREET ADDRESS	1615 WOODLAND AVE.
CITY- ST- ZIP	W. PALM BEACH FL
TITLE	D
NAME	YODER, JOSEPH
STREET ADDRESS	1972 EMILIO DR.
CITY- ST- ZIP	WEST PALM BEACH FL
TITLE	D
NAME	WEAVER, STANLEY
STREET ADDRESS	2351 PINEWAY DR.
CITY- ST- ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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	SECRETARY / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOYCE AVERILL
4.3 STREET ADDRESS	6128 PURDY LANE
4.4 CITY- ST- ZIP	WEST PALM BEACH, FLA 33415
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(6)(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: Rev. Royce Wilkerson 1-12-95 (407) 965-0634
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initials)