FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

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

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					+ IMPLITED DES MOSOS DISTRIBUTES DE LA CONTRETA	001 01011 01011 01011 01011 0 1011 01011 1001
FIRST CHURCH OF THE NAZARRENE 5001 FOREST HILL BLVD. WEST PALM BEACH FL 33415		C/O REV. ROYCE WILKERSON 1712 BRESEE RD. WEST PALM BEACH FL 33415-5506				
U\$		·		3. Date Incorporated or Qualified 10/17/1984	3a. Date of Last Report 03/11/1996	
2. Principal F	nclpat Place of Business 2a. Mailing Address 26				4. FEI Number 59-2374830	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip Co		Countr	ry	8. This corporation has liability for i	
24	25	29	30			Yes No
	9. Name and Address of Current				10. Name and Address of New Re	gistered Agent
•			8	Name		
WILKERSON, REV. ROYCE 1712 BRESEE RD.			82	2 Street Ad	Idress (P.O. Box Number is Not Acceptab	ole)
	ALM BEACH FL 33415		83	3		
			84	'		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 tegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	WILKERSON, REV ROYCE D		1.2 NAME			
STREET ADDRESS	1712 BRESEE RD		1.3 STREE	T ADDRESS		{
CITY-ST-ZIP	W. PALM BEACH FL			ST-ZIP		
TITLE	-		2.1 TITLE			Change Addition
NAME	WOODY, GEORGE		2.2 NAME	1		
STREET ADDRESS	27 OHIO ST.		2.3 STREE	T ADDRESS		1
CITY-ST-ZIP	LAKE WORTH FL			-ST-ZIP		
TITLE	TD PEUTCO DUTU	DELETE 3.17				☐ Change ☐ Addition
NAME	BEUTER,RUTH		3.2 NAME			
STREET ADDRESS	1615 WOODLAND AVE.		l	T ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	DELETE	3.4. CITY-	ST-ZIP		
TITLE NAME	SD AVEDILL POVCE					Change L_ Addition
	AVERILL, JOYCE		4. 2 NAME	1		
STREET ADDRESS	5128 PURDY LANE		i i	T ADDRESS		
CITY-ST-ZIP TITLE	WEST PALM BEACH FL	DELETE	4.4 CITY	ST-ZIP		
NAME	D WEAVED STANIEV	LJ VELCEC	5.1 TITLE			Change Addition
STREET ADDRESS	Weaver, Stanley 2351 Pineway Dr.		5.2 NAME	I		
	W. PALM BEACH FL			T ADDRESS		
CITY-ST-ZIP TITLE	II. FALM DEACH FL	☐ DELETE	54 CITY-	SI-ZIP		Ohana - I data
NAME		☐ DELETE	6.1 TITLE		•	Change Addition
			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

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 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 serior director of the corporation or the receiver of truline empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name