

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

APPROVED
AND
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95 MAY - 1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tara B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10657 (7)**
1. Corporation Name
**SOUTH DAYTONA CHURCH OF THE NAZARENE, INC.
PORT ORANGE CHURCH OF THE NAZARENE, INC.**

Principal Place of Business Mailing Address
**-700 REED-CANAL RD.
S. DAYTONA FL-32119.** **700 REED-CANAL RD.
S. DAYTONA FL 32119
-US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/13/1985** 3a. Date of Last Report **06/14/1994**

4. FEI Number **59-6543227** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **4705 Clyde Morris Blvd** 26 **4705 Clyde Morris Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Port Orange, Florida** 27 **Port Orange, Florida**
City & State City & State

23 **Port Orange, Florida** 28 **Port Orange, Florida**
Zip Country Zip Country

24 **32119** 25 **US** 29 **32119** 30 **US**

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

**BLAKELY, JACKIE
1471 CRAIG COURT
PT. ORANGE FL 32119**

10. Name and Address of New Registered Agent

81 Name **Robert Miller**

82 Street Address (P.O. Box Number is Not Acceptable) **2725 Orange Tree Drive**

83

84 City **Edgewater** FL 85 Zip Code **32141**

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 *Robert Miller*

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLAKELY, JACKIE
STREET ADDRESS	1471 CRAIG COURT
CITY, ST, ZIP	PT-ORANGE FL
TITLE	D
NAME	JENKINS, LARRY
STREET ADDRESS	803 CONRAD DRIVE
CITY, ST, ZIP	NEW SMYRNA BEACH FL
TITLE	D
NAME	NATHEY, FARRELL
STREET ADDRESS	2262 TURNBULL BAY RD
CITY, ST, ZIP	NEW SMYRNA BCH FL
TITLE	D
NAME	LANHAM, WILLIAM
STREET ADDRESS	2284 CREEK SHORE TRAIL
CITY, ST, ZIP	NEW-SMYRNA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Robert Miller
13 STREET ADDRESS	2725 Orange Tree Drive
14 CITY, ST, ZIP	Edgewater, FL 32141
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Donald Elliott
43 STREET ADDRESS	152 Harpers Ferry Drive
44 CITY, ST, ZIP	Daytona Beach, FL 32119
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(B), 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: *Donald R. Elliott* **DONALD R. ELLIOTT** 4/27/95
Treas. 904-362-2609