

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

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



Principal Place of Business Mailing Address  
**4705 CLYDE MORRIS BLVD PORT ORANGE FL 32119 US**

3. Date Incorporated or Qualified **08/13/1985** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **59-6543227** 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**  
 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 28 Zip 29 Country 30

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  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, ROBERT</b>	1.2 NAME	<b>CROASMUN, JOHN</b>
STREET ADDRESS	<b>2725 ORANGE TREE DRIVE</b>	1.3 STREET ADDRESS	<b>128 POINT O' WOODS DR</b>
CITY-ST-ZIP	<b>EDGEWATER FL</b>	1.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JENKINS, LARRY</b>	2.2 NAME	<b>HAMILTON, VIRGIL</b>
STREET ADDRESS	<b>803 CONRAD DRIVE</b>	2.3 STREET ADDRESS	<b>5408 TURTON LN</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NATHEY, FARRELL</b>	3.2 NAME	<b>S MITH, FRED</b>
STREET ADDRESS	<b>2262 TURNBULL BAY RD</b>	3.3 STREET ADDRESS	<b>57 ALAMANDA DR</b>
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL</b>	3.4 CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLIOTT, DONALD</b>	4.2 NAME	<b>S NATHEY, PATSY</b>
STREET ADDRESS	<b>152 HARPERS FERRY DRIVE</b>	4.3 STREET ADDRESS	<b>2262 TURNBULL BAY RD</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	4.4 CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Ronald G. Hollett* **RONALD G. HOLLETT** 6/10/96 (904)756-6251  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**TREASURER 214 QUAKER RIDGE DR DAYTONA BEACH FL 32119**

CR2E037 (3/96)