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**May 30 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 **06/28/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

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 **Port Orange** 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		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT	
STREET ADDRESS	2725 ORANGE TREE DRIVE	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTONS, VIRGIL	
STREET ADDRESS	5408 TURTON LANES DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, FRED	
STREET ADDRESS	57 ALAMANDA DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NATHEY, PATSY	
STREET ADDRESS	2202 TURNBULL BAY ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Cox, Bob	
STREET ADDRESS	5628 Devon Street	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Hallett, Ron	
STREET ADDRESS	204 Quaker Ridge Drive	
CITY-ST-ZIP	Daytona Beach FL 32119	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	5408 TURTON LANE	
2.4 CITY-ST-ZIP	32127	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32176	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	32168	
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	Abi-25 BANK	
6.4 CITY-ST-ZIP		

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.

CR2E037 (9/96)