FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

ANDED FILED
95 MAY 19 14:10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N11114** **(8)**

1. Corporation Name

COLONIAL CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
2209 WALNUT STREET ORLANDO FL 32806	2209 WALNUT STREET ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1985**
3a. Date of Last Report: **04/04/1994**
4. FEI Number: **59-6537827** ☐ 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
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

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

9. Name and Address of Current Registered Agent

DAUGHERTY, GARY
2209 WALNUT STREET
ORLANDO FL 32806

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 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: [signature] 5-11-95
(Typed or printed name of registered agent and title if applicable) (Registered agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12	
31 TITLE	D	41 TITLE	☐ Change ☒ Addition
32 NAME	DAUGHERTY, GARY	42 NAME	Treasurer Norma S. Williams
33 STREET ADDRESS	2209 WALNUT STREET	43 STREET ADDRESS	511 Sunrise Dr
34 CITY ST ZIP	ORLANDO FL 32806	44 CITY ST ZIP	Orlando FL 32803
35 TITLE	PD	45 TITLE	☐ Change ☐ Addition
36 NAME	RIVOS, CLARK	46 NAME	
37 STREET ADDRESS	2863 PLAZA TERR	47 STREET ADDRESS	
38 CITY ST ZIP	ORLANDO FL	48 CITY ST ZIP	
39 TITLE	SD	49 TITLE	☐ Change ☐ Addition
40 NAME	TINDELL, SHIRLEY	50 NAME	
41 STREET ADDRESS	7802 GREVILLEA	51 STREET ADDRESS	
42 CITY ST ZIP	ORLANDO FL	52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		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)(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 added by an attachment with an address.

SIGNATURE: [signature] 5-11-95 407-894-1383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0033780