

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # N11114 (8)

1. Corporation Name

COLONIAL CHURCH OF THE NAZARENE, INC.



Principal Place of Business

Mailing Address

2209 WALNUT STREET
ORLANDO FL 32806

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ORLANDO FL 32806

3. Date Incorporated or Qualified
09/17/1985

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPENCER, CRAIG
1411 N. HAMPTON
ORLANDO FL 32803

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SPENCER, CRAIG
STREET ADDRESS 1411 N. HAMPTON
CITY-ST-ZIP ORLANDO FL 32803

TITLE TD ☐ DELETE

NAME WILLIAMS, NORMAN
STREET ADDRESS 511 SUNRISE DR.
CITY-ST-ZIP ORLANDO FL 32803

TITLE SD ☐ DELETE

NAME SCHELLIN, KATHY
STREET ADDRESS 4539 SEILS WAY
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Craig, Spencer
1.3 STREET ADDRESS 1411 N. Hampton
1.4 CITY-ST-ZIP Orlando, FL 32803

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Williams, Norma
2.3 STREET ADDRESS 511 Sunrise Dr
2.4 CITY-ST-ZIP Orlando FL 32803

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Sandlin, Kathy
3.3 STREET ADDRESS 4539 Seils Way
3.4 CITY-ST-ZIP Orlando FL 32812

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 500001743245
5.3 STREET ADDRESS -03/14/96--01069--007
5.4 CITY-ST-ZIP ***61.25

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: Norma J. Williams Norma J. Williams

1-29-96 844-1383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)