FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11114

(8)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

COLONIAL CHURCH OF THE NAZARENE, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------------|
| 2209 WALNUT STREET | 2209 WALNUT STREET |
| ORLANDO FL 32806 | ORLANDO FL 32806-1564 |

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FILED Apr 28 1997 8:00am Secretary of State

This corporation has liability for intendible tay under s. 109 032

3a. Date of Last Report 03/11/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 09/17/1985

6. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

4. FEI Number 59-6537827

| 24 | 25 | 29 | 30 | | | Florida Statutes Yes No | |
|---|---------------------------------|-----------------------------------|------------------|--------|-------------|--|--|
| | 9, Name and Address o | f Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name | | |
| SPENCE | er, craig | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | |
| | HAMPTON | | | | Oll Ook / | Madroso (1.10), box Harrison to Not Addaptable | |
| | OO FL 32803 | | | 63 | | | |
| 0,,,,,,,, | | | } | - | 0:: | | |
| | | | l | 84 | City | FL 85 Zip Code | |
| 11. Pursuant | to the provisions of Sections | 617,0502 and 617,1508, Florida | Statutes, the at | ove | 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. | | ERS AND DIRECTORS | 13. | - Agei | i signature | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | DELE | | rle | | Change Addition | |
| NAME | SPENCER, CRAIG | - | 1.2 N/ | MF | | } | |
| STREET ADDRESS | 1411 N. HAMPTON | | | | ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32803 | | 1 | TY-ST | | | |
| TITLE | TD | □ DELE | | | - 111 | Change Addition | |
| NAME | WILLIAMS, NORMA | _ | 2.2 N | | | | |
| STREET ADDRESS | 511 SUNRISE DR. | | | | ADDRESS I | | |
| CITY-ST-ZIP | ORLANDO FL 32803 | | 2.40 | | | | |
| TITLE | SD | DELE | | | 1-211 | Change Addition | |
| NAME | SANDLIN, KATHY | _ | 3.2 NA | | İ | | |
| STREET ADDRESS | 4539 SEILS WAY | | | | ADDRESS . | | |
| CITY-ST-ZIP | ORLANDO FL 32812 | | 3.4. 0 | | | | |
| TITLE | 0,104,007,000 | ☐ DELE | | | - 211 | ☐ Change ☐ Addition | |
| NAME | | - | 4.2 N | _ | | | |
| STREET ADDRESS | | | | - | ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 01 | | | | |
| TITLE | | DELE | | | - 211 | Change Addition | |
| NAME | | - - | 5.2 NA | LMF | l | | |
| STREET ADDRESS | | | 1 | | ADDRESS I | | |
| CITY-ST-ZIP | i | | 5.4 Dr | | | | |
| TITLE | | DELE | | | | Change Addition | |
| NAME | | | 6.2 NA | | | | |
| STREET ADDRESS | } | | 1 | | ADDRESS | } | |
| CITY-ST-ZIP | | | 6.4 CI | | | | |
| 44 Ldo horol | by certify that the information | supplied with this filing does no | Loughily for the | 2705 | ontion o | I 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 eath; that I am an officer or director of the emporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or gn an altachment with an address. | | | | | | | |
| appears in short to all short you in principous, or set an additional materials additional. | | | | | | | |