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

APPROVED AND FILED

MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12941** **(3)**

1. Corporate Name

SPACE COAST AREA CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
% FRANK HALLUMCE 2850 JAY JAY ROAD TITUSVILLE FL 32796	% FRANK HALLUMCE 2850 JAY JAY ROAD TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/10/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2648641** ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HALLUM, FRANK, JR.
2850 JAY JAY ROAD
TITUSVILLE FL 32796

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 _____ DATE

(Typed or printed name of registered agent and title if agent is a corporation) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STONE, DR. OVAL L.	12 NAME	
STREET ADDRESS	1560 HALSTEAD AVENUE	13 STREET ADDRESS	
CITY ST ZIP	PALM BAY FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	HALLUM, FRANK JR.	22 NAME	
STREET ADDRESS	2850 JAY JAY ROAD	23 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, DONALD M.	32 NAME	
STREET ADDRESS	1002 REVILLA LANE	33 STREET ADDRESS	
CITY ST ZIP	ROCKLEDGE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PROPST, JESSE	42 NAME	
STREET ADDRESS	280 CARISSA DRIVE	43 STREET ADDRESS	
CITY ST ZIP	SATELLITE BEACH FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	PROPST, JESSE	52 NAME	D Charles L. Kirby
STREET ADDRESS	280 CARISSA DR.	53 STREET ADDRESS	1335 Amberton Trail
CITY ST ZIP	SATELLITE BCH. FL	54 CITY ST ZIP	Malabar, Fl 32950
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: Frank Hallum Jr., Frank Hallum, Jr. 4/26/95 407-267-4159
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0033103