


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14266 (3)**  
 1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE OF NEW SMYRNA BEACH INC.**



Principal Place of Business <b>201 SOUTH ORANGE STREET NEW SMYRNA BEACH FL 32168</b>	Mailing Address <b>201 SOUTH ORANGE STREET NEW SMYRNA BEACH FL 32168-7127</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/09/1986</b>		3a. Date of Last Report <b>04/02/1996</b>	
21	Suite, Apt. #, etc.			4. FEI Number <b>59-6543202</b>		Applied For Not Applicable	
22	City & State			5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip			24		Country	
25	26			27		28	
29	30			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ACHESON, CHARLES D. 1420 TRAVELERS PALM DR. EDGEWATER FL 32132</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACHESON, CHARLES D.</b>	1.2 NAME	
STREET ADDRESS	<b>1420 TRAVELERS PALM DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUCK, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>1311 WILLOW OAK</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE, SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>2360 CAPT BUTLER TRAIL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUCK, ELEANOR</b>	4.2 NAME	
STREET ADDRESS	<b>204 NINTH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Eleanor Stuck **ELEANOR STUCK** Date: 4/1/97 Daytime Phone: 904-428-8937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (9/96)