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

95 MAY 15 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15259 (7)

1. Corporation Name

BONIFAY CHURCH OF THE NAZARENE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
402 EAST NORTH AVENUE BONIFAY FL 32425	402 EAST NORTH AVENUE BONIFAY FL 32425

3. Date Incorporated or Qualified: 06/04/1986
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-6543218 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$6.75** 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 — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLEM, FRED M. 402 EAST NORTH AVENUE BONIFAY FL 32425	81 Name: Roger Sopha 82 Street Address (P.O. Box Number is Not Acceptable): 402 E. North Ave. 83 84 City: Bonifay FL 85 Zip Code: 32425

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: Roger M. Sopha — Roger M. Sopha — 5-11-95
(Signature, typed or printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SASSER, ROGER	1.2 NAME	Marvin Marley	
STREET ADDRESS	GENERAL DELIVERY	1.3 STREET ADDRESS	3980 Hwy 273	
CITY-ST-ZIP	ESTO FL	1.4 CITY-ST-ZIP	GRACEVILLE FL 32440-4736	
TITLE	D	2.1 TITLE	D	☐ Change ☐ Addition
NAME	LUCAS, MARTHA	2.2 NAME	Martha Lucas	
STREET ADDRESS	ROUTE 2	2.3 STREET ADDRESS	Rt. 1 Box 1170	
CITY-ST-ZIP	BONIFAY FL	2.4 CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	TD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	CRUTCHFIELD, LYNETTE	3.2 NAME	Lynette Crutchfield	
STREET ADDRESS	GENERAL DELIVERY	3.3 STREET ADDRESS	P.O. Box 5102 - Hwy 79	
CITY-ST-ZIP	ESTO FL	3.4 CITY-ST-ZIP	Esto, FL 32425	
TITLE	P	4.1 TITLE	P	☒ Change ☐ Addition
NAME	DYE, JAMES G.	4.2 NAME	Roger Sopha	
STREET ADDRESS	402 E.NORTH AVE.,POB 335	4.3 STREET ADDRESS	402 E. North Ave	
CITY-ST-ZIP	BONIFAY FL	4.4 CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	S	5.1 TITLE	S	☐ Change ☐ Addition
NAME	CRUTCHFIELD, DEBBIE	5.2 NAME	Debbie Crutchfield	
STREET ADDRESS	RT. 3 BOX 237K	5.3 STREET ADDRESS	Rt 3 Bx 1148	
CITY-ST-ZIP	BONIFAY FL	5.4 CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	C	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CLEM, FRED	6.2 NAME	Charles Crutchfield	
STREET ADDRESS	402 E. NORTH AVENUE	6.3 STREET ADDRESS	Rt 3 Bx 1148	
CITY-ST-ZIP	BONIFAY FL	6.4 CITY-ST-ZIP	Bonifay, FL 32425	

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: Roger M. Sopha — Roger M. Sopha — 4-23-95 — (904)547-9800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000701