

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 # **N15259** (7)

1. Corporation Name

BONIFAY CHURCH OF THE NAZARENE, INC.



Principal Place of Business

Mailing Address

**402 EAST NORTH AVENUE
BONIFAY FL 32425**

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BONIFAY FL 32425**

3. Date Incorporated or Qualified
06/04/1986

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-6543218

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

**SOPHA, ROGER
402 E NORTH AVE
BONIFAY FL 32425**

81 Name

Kenneth A. Kirkland

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 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

Rev Kenneth A. Kirkland (Pastor) Chairman of Church Board 2-28-96

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 ☐ DELETE
NAME **D MARLEY, MARVIN**
STREET ADDRESS **3980 HWY 273**
CITY-ST-ZIP **GRACEVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D LUCAS, MARTHA**
STREET ADDRESS **RT 1 BOX 1170**
CITY-ST-ZIP **BONIFAY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD CRUTCHFIELD, LYNETTE**
STREET ADDRESS **P.O. BX 5102-HWY79**
CITY-ST-ZIP **ESTO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **P SOPHA, ROGER**
STREET ADDRESS **402 E NORTH AVE**
CITY-ST-ZIP **BONIFAY FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Pastor**
4.3 STREET ADDRESS **Kenneth A. Kirkland**
4.4 CITY-ST-ZIP **402 E. North Ave**

TITLE ☐ DELETE
NAME **S CRUTCHFIELD, DEBBIE**
STREET ADDRESS **RT 3 BOX 1148**
CITY-ST-ZIP **BONIFAY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D CRUTCHFIELD, CHARLES**
STREET ADDRESS **RT 3 BX 1148**
CITY-ST-ZIP **BONIFAY FL**

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: **Rev Kenneth A. Kirkland / Kenneth A. Kirkland 2-28-96 904-542-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)