

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 402 EAST NORTH AVENUE BONIFAY FL 32425		Mailing Address 402 EAST NORTH AVENUE BONIFAY FL 32425-1721	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/04/1986		3a. Date of Last Report 03/07/1996	
4. FEI Number 59-6543218		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent KIRKLAND, KENNETH A. 402 E NORTH AVE BONIFAY FL 32425		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 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 <i>Rev. Ken Kirkland</i> <i>Rev. Ken Kirkland</i> 1-19-97 (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME MARLEY, MARVIN STREET ADDRESS 3980 HWY 273 CITY-ST-ZIP GRACEVILLE FL		1.1 TITLE T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME LUCAS, MARTHA STREET ADDRESS RT 1 BOX 1170 CITY-ST-ZIP BONIFAY FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE TD <input checked="" type="checkbox"/> DELETE NAME CRUTCHFIELD, LYNETTE STREET ADDRESS P.O. BX 5102-HWY79 CITY-ST-ZIP ESTO FL		3.1 TITLE Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Harlan Farris 3.3 STREET ADDRESS 993 2nd Ave 3.4 CITY-ST-ZIP Graceville, FL 32440	
TITLE P <input type="checkbox"/> DELETE NAME KIRKLAND, KENNETH STREET ADDRESS 402 E NORTH AVE CITY-ST-ZIP BONIFAY FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE NAME CRUTCHFIELD, DEBBIE STREET ADDRESS RT 3 BOX 1148 CITY-ST-ZIP BONIFAY FL		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME CRUTCHFIELD, CHARLES STREET ADDRESS RT 3 BX 1148 CITY-ST-ZIP BONIFAY FL		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Kenneth A. Kirkland</i> 1-19-97 904-547-9800			



CR2E037 (9/96)