SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N16065 (7)

1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF MACCLENNY FLORID A, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
380 NORTH LOUDER MACCLENNY FL 32063	380 NORTH LOUDER MACCLENNY FL 32063

3. Date Incorporated or Qualified: 07/28/1986
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2255783 ☐ Applied For ☐ Not Applicable

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)

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 ☑ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
SUTHERLAND, J. REV.
573 E. MACCLENNY AVENUE
MACCLENNY FL 32063

10. Name and Address of New Registered Agent
81 Name: Rev. Aubrey Pouce Sr.
82 Street Address (P.O. Box Number is Not Acceptable): 573 E. macclenny Ave
83
84 City: Macc lenny FL 85 Zip Code: 32063

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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: Aubrey Pouce, Sr. Pastor — DATE: 7-13-95
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	DT	1.1 TITLE		☐ Change ☐ Addition
NAME	QUINLEY, PETER	1.2 NAME		
STREET ADDRESS	RT. 2 BOX 146	1.3 STREET ADDRESS		
CITY-ST-ZIP	GLEN ST. MARY FL 32040	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	S/D	☑ Change ☐ Addition
NAME	WRIGHT, DAVID	2.2 NAME	Paula Shedd	
STREET ADDRESS	CONFIDERATE ROAD	2.3 STREET ADDRESS	3 ST Mary's Circle S	
CITY-ST-ZIP	GLEN ST. MARY FL	2.4 CITY-ST-ZIP	Macc Fla 32063	
TITLE	P	3.1 TITLE	P	☑ Change ☐ Addition
NAME	SUTHERLAND, JOE	3.2 NAME	Rev. A. Pouce	
STREET ADDRESS	573 E. MACCLENNY AVENUE	3.3 STREET ADDRESS	573 East Macc. Ave	
CITY-ST-ZIP	MACCLENNY FL	3.4 CITY-ST-ZIP	Macc. Fla 32063	
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	SHEDD, MICHAEL	4.2 NAME	Michael Shedd	
STREET ADDRESS	RT. 1 BOX 1015	4.3 STREET ADDRESS	3 St Marys Cir. S	
CITY-ST-ZIP	MACCLENNY FL	4.4 CITY-ST-ZIP	Macc Fla 32063	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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: Aubrey Pouce, Sr. Pastor — 7-13-95 — 904 259-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017854