

# 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 # **N16065** (7)

1. Corporation Name

**FIRST CHURCH OF THE NAZARENE OF MACCLENNY FLORID  
A, INC.**



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  
**07/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**P.O. Box 1077**

4. FEI Number  
**59-2255783**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

22

27

**MACCLENNY, Florida**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

23

28

**32063**

**USA**

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

**REV., AUBREY P. SR.  
573 E MCCLENNY AVENUE  
MACCLENNY FL 32063**

81 Name **Rev. James Farber**

82 Street Address (P.O. Box Number is Not Acceptable)  
**573 EAST MACCLENNY AVE**

83

84 City

**MACCLENNY**

FL

85 Zip Code

**32063**

11. Pursuant to the provisions of Sections 617.0507 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

**James A. Farber**

**2-15-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **QUINLEY, PETER**  
CITY - ST - ZIP **RT. 2 BOX 146  
GLEN ST. MARY FL 32040**

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

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **SHEDD, PAULA**  
CITY - ST - ZIP **3 ST MARY'S CIRCLE S  
MACC FL**

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

TITLE ☒ DELETE  
NAME **P**  
STREET ADDRESS **REV., A PONCE**  
CITY - ST - ZIP **573 EAST MACC. AVENUE  
MACC. FL**

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SHEDD, MICHAEL**  
CITY - ST - ZIP **3 ST MARY'S CIRCLE S  
MACC FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **Rev. Martin J. Bass - Retired**  
5.4 CITY - ST - ZIP **RT 2 Box 150  
Glen ST. Mary, FLA. 32040**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **BOB Roberts**  
6.4 CITY - ST - ZIP **P.O. Box. 729  
Glen ST. Mary FLA. 32040**

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 reports 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:

*[Signature]* **Peter G. Quinley**

**2-15-96**

**(904) 259-4352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)