

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 FLORIDA, INC.



Principal Place of Business

Mailing Address

380 NORTH LOUDER
MACCLENNY FL 32063

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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

27 City & State
28 Macclenny, Florida

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

Zip Country

29 32063 30 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 617.050 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]* James A. Farber 2-15-96
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	DT <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINLEY, PETER	2. NAME	
STREET ADDRESS	RT. 2 BOX 146	3. STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEDD, PAULA	2. NAME	
STREET ADDRESS	3 ST MARY'S CIRCLE S	2. STREET ADDRESS	
CITY-ST-ZIP	MACC FL	2. CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV., A PONCE	3. NAME	
STREET ADDRESS	573 EAST MACC. AVENUE	3. STREET ADDRESS	
CITY-ST-ZIP	MACC. FL	3. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEDD, MICHAEL	4. NAME	
STREET ADDRESS	3 ST MARY'S CIRCLE S	4. STREET ADDRESS	
CITY-ST-ZIP	MACC FL	4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. NAME	Rev. Martin J. Bass - Retired
STREET ADDRESS		5. STREET ADDRESS	RT 2 Box 150
CITY-ST-ZIP		5. CITY-ST-ZIP	Glen ST. MARY, FLA. 32040
TITLE	<input type="checkbox"/> DELETE	6. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. NAME	BOB Roberts
STREET ADDRESS		6. STREET ADDRESS	P.O. Box. 729
CITY-ST-ZIP		6. CITY-ST-ZIP	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)