

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
95 MAY - 1 AM 8: 11

**DOCUMENT # N18093 (7)**  
1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE OF OCALA, INC.**

Principal Place of Business: **3732 N.E. 7TH STREET OCALA FL 32671-1044**  
Mailing Address: **3732 N.E. 7TH STREET OCALA FL 32671-1044**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/05/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-6543215</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**JACKSON, BOB N.  
5164 SE 27TH STREET  
OCALA FL 32671**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

*List any replacement directors below*

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and the address also. (301) Registered Agent Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>JOHNSON, CAWLE SR</b> STREET ADDRESS <b>1460 NE 180TH ST</b> CITY ST ZIP <b>CITRA FL</b>	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b> NAME <b>Wayne Miller</b> 13 STREET ADDRESS <b>3565 NE 42nd PI</b> 14 CITY ST ZIP <b>Ocala, FL 34479-8886</b>
TITLE <b>D</b>	NAME <b>KENNEDY, CHUCK</b> STREET ADDRESS <b>9939 NE 27TH TERR</b> CITY ST ZIP <b>ANTHONY FL</b>	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b> 22 NAME <b>Erwin Stockmaster</b> 23 STREET ADDRESS <b>1701-C W Gleneagles Rd</b> 24 CITY ST ZIP <b>Ocala, FL 34472-3211</b>
TITLE <b>D</b>	NAME <b>AMMONS, ERIC</b> STREET ADDRESS <b>8620 SE 12TH CT</b> CITY ST ZIP <b>OCALA FL</b>	31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b> 32 NAME <b>Bill Humphrey</b> 33 STREET ADDRESS <b>2146 NE 7th St</b> 34 CITY ST ZIP <b>Ocala, FL 34470-6221</b>
TITLE <b>P</b>	NAME <b>JACKSON, BOB N.</b> STREET ADDRESS <b>5164 SE 27TH ST</b> CITY ST ZIP <b>OCALA FL</b>	41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P</b> 42 NAME <b>Bob N. Jackson</b> 43 STREET ADDRESS <b>5164 SE 27th St</b> 44 CITY ST ZIP <b>Ocala, FL 34471</b>
TITLE <b>D</b>	NAME <b>STOCKMASTER, ERWIN</b> STREET ADDRESS <b>1701-C WEST GLENEAGLES RD</b> CITY ST ZIP <b>OCALA FL 34472</b>	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME
TITLE	NAME	63 STREET ADDRESS	64 CITY ST ZIP

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption subject in Section 119.07(2)(b), 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: *Bob N Jackson* **BOB N JACKSON** 4/9/95 904 644 1337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #