

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified **12/05/1986** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **59-6543215** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 **KEISER, JAY H**
 82 Street Address (P.O. Box Number is Not Acceptable) **730 CORTEZ AVE**
 83
 84 City **LADY LAKE** FL 85 Zip Code **32159**

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 *[Signature]* **June 24, 1996**
 Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, WAYNE	
STREET ADDRESS	3565 NE 42ND PL	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOCKMASTER, ERWIN	
STREET ADDRESS	1701-C W GLENEAGLES RD	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUMPHRYE, BILL	
STREET ADDRESS	2146 NE 7TH ST	
CITY - ST - ZIP	OCALA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, BOB N.	
STREET ADDRESS	5164 SE 27TH ST	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOCKMASTER, ERWIN	
STREET ADDRESS	1701-C WEST GLENNEAGLES RD	
CITY - ST - ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D BROWN VICTOR
3.3 STREET ADDRESS	49 SAPPHIRE RD
3.4 CITY - ST - ZIP	OCALA FL 34472
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P KEISER JAY
4.3 STREET ADDRESS	730 CORTEZ AVE
4.4 CITY - ST - ZIP	LADY LAKE FL 32159
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 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 the 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]* **June 24, 1996**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)