

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 3732 N.E. 7TH STREET OCALA FL 32671-1044
Mailing Address: 3732 N.E. 7TH STREET OCALA FL 34470-1044

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
City & State (27-28)
Zip (29-30) Country (25-30)

3. Date Incorporated or Qualified: 12/05/1988
3a. Date of Last Report: 06/26/1996
4. FEI Number: 59-6543215
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KEISER, JAY H
730 CORTIZ AVENUE
LADY LAKE FL 32159

10. Name and Address of New Registered Agent
81 Name: BARRY L. DUNLAP
82 Street Address (P.O. Box Number, is Not Acceptable): 5164 SE 27TH ST
83
84 City: OCALA FL 85 Zip Code: 34471

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: Barry L. Dunlap, Chairman DATE: 4-15-97
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	D <input type="checkbox"/> DELETE MILLER, WAYNE 3585 NE 42ND PL OCALA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE STOCKMASTER, ERWIN 1701-C W GLENEAGLES RD OCALA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE BROWN, VICTOR 49 SAPPHIRE RD OCALA FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TR BOYD, WILLIAM
STREET ADDRESS		3.3 STREET ADDRESS	4255 SE 54TH ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OCALA, FL 34480
TITLE	P <input checked="" type="checkbox"/> DELETE KEISER, JAY 730 CORTIZ AVE LADY LAKE FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DUNLAP, BARRY
STREET ADDRESS		4.3 STREET ADDRESS	5164 SE 27TH ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	D <input checked="" type="checkbox"/> DELETE STOCKMASTER, ERWIN 1701-C WEST GLENEAGLES RD OCALA FL 34472	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TR Schuler, Walter
STREET ADDRESS		5.3 STREET ADDRESS	712 NE 39TH CT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OCALA, FL 34470
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: Barry L. Dunlap REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)