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Mar 03 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 # N29715 (2)

1. Corporation Name
CHURCH OF THE NAZARENE OF TAVARES, INC.



Principal Place of Business 32151 MERRY RD. P.O. BOX 1048 TAVARES FL 32778-8048	Mailing Address 32151 MERRY RD. P.O. BOX 1048 TAVARES FL 32778-1048
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3. Date Incorporated or Qualified 12/14/1988	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2911684	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAIRD LOREN F 525 JOHNS AVENUE MT. DORA FL 32757	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 **LOREN F. BAIRD** *Loren F Baird* DATE **1-29-97**
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 VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAIRD, LOREN F.		1.2 NAME	
STREET ADDRESS 525 JOHNS AVENUE		1.3 STREET ADDRESS	
CITY - ST - ZIP MT. DORA FL		1.4 CITY - ST - ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODGERS, GAIL		2.2 NAME	
STREET ADDRESS 25929 ZINNIA LANE		2.3 STREET ADDRESS	
CITY - ST - ZIP ASTATULA FL		2.4 CITY - ST - ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOSLEY, KEITH		3.2 NAME	
STREET ADDRESS 551 E 9TH AVENUE		3.3 STREET ADDRESS	
CITY - ST - ZIP MT. DORA FL		3.4 CITY - ST - ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANGEL, KEVIN M		4.2 NAME	
STREET ADDRESS 7801 W ROSE WOOD LANE		4.3 STREET ADDRESS 1358 JACK STREET	
CITY - ST - ZIP TAVARES FL		4.4 CITY - ST - ZIP TAVARES FL 32778	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME HERB HAMLIN	
STREET ADDRESS		5.3 STREET ADDRESS 1801 N.C.R. 19A, APT. F2	
CITY - ST - ZIP		5.4 CITY - ST - ZIP EUSTIS FL 32726	
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: **KEVIN M. ANGEL** *Kevin M. Angel* DATE **1-29-97** 352-343-8709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014820

CR2E037 (9/96)