

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 2 AM 8:15

DOCUMENT # **N30824** (9)

1. Corporation Name
THE WESLEY CHAPEL CHURCH OF THE NAZARENE, INC.

Principal Place of Business Mailing Address
34106 SR 54 WEST C/O REV. EUGENE RATZ ZEPHYRHILLS FL 33543-9118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1989** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2952541** Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**EUGENE A. RATZ
5339 DIANTHUS STREET
34106 SR 54 WEST
ZEPHYRHILLS FL 33543**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WATRACK, ELWOOD
STREET ADDRESS	3625 OAKWOOD DR
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	S
NAME	WARNER, VICTOR
STREET ADDRESS	35147 DOLPHIN LAKE DRIVE
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	D
NAME	RAMSEY, TOM
STREET ADDRESS	5935 BEACH ST
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	D
NAME	GRAY, ROBERT
STREET ADDRESS	5133 PENSACOLA OT
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	P
NAME	RATZ, EUGENE A.
STREET ADDRESS	34106 SR 54 W
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D BATES, WILFRED
13 STREET ADDRESS	4706 Plum Street
14 CITY - ST - ZIP	Zephyrhills, FL 33541
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene A. Ratz *Eugene A. Ratz* 5/26/95 813 780-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)