

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N30824** (9)
1. Corporation Name
THE WESLEY CHAPEL CHURCH OF THE NAZARENE, INC.



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

3. Date Incorporated or Qualified: 02/23/1989
3a. Date of Last Report: 06/02/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EUGENE A. RATZ 5339 DIANTHUS STREET 34106 SR 54 WEST ZEPHYRHILLS FL 33543				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATES, WILFRED			1.2 NAME	James Grey		
STREET ADDRESS	4706 PLUM ST			1.3 STREET ADDRESS	4945 9th Street		
CITY-ST-ZIP	ZEPHYRHILLS FL			1.4 CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARNER, VICTOR			2.2 NAME	Mrs. Anna Davis		
STREET ADDRESS	35147 DOLPHIN LAKE DRIVE			2.3 STREET ADDRESS	39417 Tabitha Drive		
CITY-ST-ZIP	ZEPHYRHILLS FL			2.4 CITY-ST-ZIP	Zephyrhills, FL 33540		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMSEY, TOM			3.2 NAME	James Welchly		
STREET ADDRESS	5935 BEACH ST			3.3 STREET ADDRESS	14704 Par Club		
CITY-ST-ZIP	ZEPHYRHILLS FL			3.4 CITY-ST-ZIP	Tampa, Florida 33647		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RATZ, EUGENE A.			4.2 NAME			
STREET ADDRESS	34106 SR 54 W			4.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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 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 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: *Eugene A. Ratz* Eugene A. Ratz, Pastor May 1, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day-time Phone #

CR2E037 (12/95)