

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 # N32141 (6)

1. Corporation Name

COMMUNITY CHURCH OF THE NAZARENE, INC.



Principal Place of Business: 10551 SKEWLEE ROAD THONOTOSASSA FL 33592 US
Mailing Address: 10551 SKEWLEE ROAD THONOTOSASSA FL 33592 US

3. Date Incorporated or Qualified: 05/05/1989
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, City & State, and Zip/Country.

4. FEI Number: 59-2944917
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

9. Name and Address of Current Registered Agent: SPECK, JAMES K. R, 10551 SKEWLEE ROAD, THONOTOSASSA FL 33592
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ DATE: _____
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANDERS, BARBARA	1.2 NAME	
STREET ADDRESS	10002 N. 22ND ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECK, JAMES K. R	2.2 NAME	
STREET ADDRESS	10551 SKEWLEE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	THONOTASASSA FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, SHIRLEY	3.2 NAME	
STREET ADDRESS	39426 CENTRAL AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL	3.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNEN, DONIA	4.2 NAME	
STREET ADDRESS	2604 E. KNIGHTS GRIFFIN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY 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: James K. Speck James K. Speck Feb 4 1996 813 486-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oxytime Phone #

CR2E037 (12/95)