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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N32540** (9)

1. Corporation Name

FAITH CHURCH OF THE NAZARENE, INC.



Principal Place of Business

Mailing Address

**1503 WARMAN COURT
TAMPA FL 33613**

**1503 WARMAN COURT
TAMPA FL 33613**

3. Date Incorporated or Qualified

05/29/1989

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **16520 Lake James Rd**

26 **1503 Warman Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Odessa**

27 **TPA FL**

City & State

City & State

23 **FL**

28 **33613**

Zip

Country

Zip

Country

24 **33536**

25 **Hills.**

29

30 **Hills.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITTS, LEONARD R.
1503 WARMAN CT.
TAMPA FL 33613**

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 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 617.0903, Florida Statutes.

SIGNATURE **Leonard R. Fitts**

Leonard R. Fitts 1-29-96

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **SCHAFFER, FLOYD**
CITY-ST-ZIP **17375 RIVERSTONE DR**
LUTZ FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **TETER, JOHN H.**
CITY-ST-ZIP **12411 N. ROME AVE.**
TAMPA FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **SERINA, BRENDA**
CITY-ST-ZIP **4907 HEADLAND HILLS AVE**
TAMPA FL

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **FITTS, LEONARD R.**
CITY-ST-ZIP **1503 WARMAN CT.**
TAMPA FL

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **FITTS, SONJA**
CITY-ST-ZIP **1503 WARMAN CT.**
TAMPA FL

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **CARUTHERS, PATRICIA**
CITY-ST-ZIP **14927 OGDEN LOOP**
ODESSA FL

13. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
SERINA, BRENDA
17419 BROWN RD
ODESSA FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-96

813-224-2573

Date

Daytime Phone #

CR2E037 (12/95)