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Jan 27 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 # N32540 (9)

1. Corporation Name

FAITH CHURCH OF THE NAZARENE, INC.

Principal Place of Business

16920 LAKE JAMOS RD.
ODESSA FL 33356
US

Mailing Address

1503 WARMAN COURT
TAMPA FL 33613-1527



3. Date Incorporated or Qualified
05/29/1989

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

21 16920 Lake Jamos Rd

2a. Mailing Address

26 1503 Warman Ct

4. FEI Number
59-2989796

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

23 ODESSA FL

27 City & State

28 TPA FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

33356

Country

25 United States

29 Zip

33613-1527

Country

30 United States

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

61 Name LEONARD R. FITTS

62 Street Address (P.O. Box Number is Not Acceptable)
1503 WARMAN CT

63

64 City TPA

65 Zip Code FL 33613

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 *Leonard R. Fitts*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAFER, FLOYD	
STREET ADDRESS	17375 RIVERSTONE DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TETER, JOHN H.	
STREET ADDRESS	12411 N. ROME AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SERINA, BRENDA	
STREET ADDRESS	17419 BROWN RD.	
CITY-ST-ZIP	ODESSA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FITTS, LEONARD R.	
STREET ADDRESS	1503 WARMAN CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FITTS, SONJA	
STREET ADDRESS	1503 WARMAN CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARUTHERS, PATRICIA	
STREET ADDRESS	14927 OGDEN LOOP	
CITY-ST-ZIP	ODESSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Leonard R. Fitts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

Date

Daytime Phone # 0048110

CR2E037 (9/96)