

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N38316 (8)
1. Corporation Name
THE WIMAUMA COMMUNITY CHURCH OF THE NAZARENE, INC.

96 APR 29 PM 2:40 00001812204
05/07/96--01167--005
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Principal Place of Business
PO BOX 1289
WIMAUMA FL 33598
US

Mailing Address
P.O. BOX 1289
WIMAUMA FL 33598

3. Date Incorporated or Qualified **05/23/1990** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business
21 **501 2nd St. S.E.** 2a. Mailing Address
26 **P.O. Box 758**
Suite, Apt. #, etc.

4. FEI Number
59-1699985 Applied For
Not Applicable

22 City & State
23 **Ruskin, FL** 27 City & State
28 **Ruskin, FL**

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

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

24 Zip **33570** 25 Country **Hillsboro** 29 Zip **33570-0758** 30 Country **Hillsboro**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, WM. CHARLES
- 2036 CHARNES DR
LAKELAND FL 33813

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 617.0603, Florida Statutes.

SIGNATURE *Wm Charles Oliver* **Wm Charles Oliver, President April 1, 1996**
(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	FRANKLIN, JAMES	1.2 NAME	
STREET ADDRESS	515 APOLLO BCH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH FL 33572	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIBBY, MARIAN	2.2 NAME	
STREET ADDRESS	1733 S. PEBBLE BCH	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY FL 33573	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLE, ELAINE	3.2 NAME	CHAMBERLAIN, OSCAR
STREET ADDRESS	715 21ST SE	3.3 STREET ADDRESS	13850 Highland
CITY-ST-ZIP	RUSKIN FL	3.4 CITY-ST-ZIP	Parrish, FL 34219
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, WM CHARLES	4.2 NAME	
STREET ADDRESS	2036 CHARNES DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETITT, MABEL	5.2 NAME	
STREET ADDRESS	602 WOODLAND EST. #20	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, SUE	6.2 NAME	Roberts, Sue
STREET ADDRESS	5501 SR 674	6.3 STREET ADDRESS	910 El Rancho Drive
CITY-ST-ZIP	WIMAUMA FL	6.4 CITY-ST-ZIP	Sun City Center, FL 33573

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: *Wm Charles Oliver* **Wm Charles Oliver, 4/1/96 941-644-9331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)