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Mar 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
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DOCUMENT # **N38316** (8)

1. Corporation Name

COMMUNITY CHURCH OF THE NAZARENE OF RUSKIN, INC.

Principal Place of Business

Mailing Address

501 2ND ST., S.E.
RUSKIN FL 33570
US

P.O. BOX 758
RUSKIN FL 33570-0758



3. Date Incorporated or Qualified 05/23/1990	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1699985	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

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 617.0503, Florida Statutes.

SIGNATURE **Wm Charles Oliver President**

DATE **3/24/97**

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

(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	<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	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIBBY, MARIAN	2.2 NAME	Russell Bibby
STREET ADDRESS	1733 S. PEBBLE BCH	2.3 STREET ADDRESS	1733 S. Pebble Beach
CITY - ST - ZIP	SUN CITY FL	2.4 CITY - ST - ZIP	Sun City Center, FL 33573
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, OSCAR	3.2 NAME	
STREET ADDRESS	13850 HIGHLAND	3.3 STREET ADDRESS	
CITY - ST - ZIP	PARRISH FL 34219	3.4 CITY - ST - ZIP	
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	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	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, SUE	6.2 NAME	
STREET ADDRESS	910 EL RANCHO DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	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:

Wm Charles Oliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wm Charles Oliver, President 3/24/97 941-644-9331

Date

Daytime Phone # **0046282**

CR2E037 (9/96)