

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 MAR -2 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N45986 (9)
1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF SARASOTA INC.

Principal Place of Business Mailing Address
3375 FRUITVILLE ROAD SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/12/1991** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-1572939** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MAYNER, JOYCE
3375 FRUITVILLE ROAD
SARASOTA FL 34237

10. Name and Address of New Registered Agent
81 Name **Terry Gamble**
82 Street Address (P.O. Box Number is Not Acceptable) **1127 Willis Ave.**
83
84 City **Sarasota, FL** 85 Zip Code **34232**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Terry Gamble Sec*
Signature, type and print name of the registered agent and file if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	C/D
NAME	LARRY BAUCOM, CHAIRMAN
STREET ADDRESS	4081 N. PRAIRE VIEW DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	S/T
NAME	JOYCE MAYNER, SECRETARY
STREET ADDRESS	3290 CHESHIRE LN.
CITY - ST - ZIP	SARASOTA FL
TITLE	T/T
NAME	HAROLD STILES, TREASURER
STREET ADDRESS	1916 FERN AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	T
NAME	W.C. CLARK
STREET ADDRESS	1107 SOUTHERN PINE LA
CITY - ST - ZIP	SARASOTA FL
TITLE	T
NAME	JOHN COATE
STREET ADDRESS	6310 GLEN ABBEY LN.
CITY - ST - ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S/T TERRY GAMBLE
2.3 STREET ADDRESS	1127 WILLIS AVE.
2.4 CITY - ST - ZIP	SARASOTA, FL 34232
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: **Harold Stiles Treas.** *Harold Stiles* 2/13/95 813 455-6397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR