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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION C	F CORPORATIONS			
DOC	UMENT # N4598	6 (9)				
1	ST CHURCH OF THE NAZAREI	· · · · · · · · · · · · · · · · · · ·				
	THE NAZAREI	NE OF SAHASOTA II	NC.	A PROLITE OU DIEGO GIVEN COLOR	I STATE BASE STATE STATE	
Principal Pl	ace of Business					
3375 FOLIDALE BOAD				L SERVINEN DEL GLOBE BILLE SEIG.	ransa ann atáin Bíúil Bíbil B	HAN BIRN BIRN IDDI
SARASOTA FL 34237 SARASOTA FL 34237 SARASOTA FL 34237			D			
				Date Incorporated or Qualific	ed 3a. Date of La	
2. Principal	Place of Business	2a. Mailing Address		11/12/1991	03/02	/1995
21		26		4. FEI Number 59-1572939		Applied For
Suite, Ac	ot. #, etc.	Suite, Apt. #, etc.	-			Not Applicable
City & St	ate	27		5. Certificate of Status Desired		75 Additional e Required
23		City & State		6. Election Campaign Financing	\$5	00 May Be
Zip 24	Country	Zip	Country	Trust Fund Contribution	L. Add	ded to Fees
24	25 9. Name and Address of Current	29	30	 This corporation has liability for Florida Statutes 	or intangible tax under	s. 199.032,
	Address of Current	negistered Agent	81 Name	10. Name and Address of New	Registered Agent	
	LE, TERRY			Lecrecia Wilson	•	
1127 WILLIS AVE			82 Stree	Lecrecia Wilson Address (P.O. Box Number is Not Accept	able)	
SARAS	OTA FL 34232		83	1714 Colleen St.	_	
			84 City			
11. Pursuant	t to the provisions of Sections 617 0502 a	od 617 1509 Florida Otal		Sarasota	FL 85 2	ip Code
or registe familiar w	ered agent, or both, in the State of Florida. vith, and accept the obligations of Section	Such change was authorize	s, the above-named c of by the corporation's	Sarasota orporation submits this statement for the p s board of directors. I hereby accept the ap	urpose of changing its	registered office
SIGNATURE	Lecrecia Wi	lson	ρ_{\dots}	, and accept the ap	pontment as registered	d agent. I am
12.	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Megistered Agent signature		4/8/96)
TITLE	OFFICERS AND D	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	OBS IN 12
NAME	LARRY BAUCOM, CHAIRMAN	DELETE	1.1 TITLE		☐ Change	Addition
STREET ADDRESS	4081 N. PRAIRE VIEW DR.		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 City-St-Zip			
TITLE NAME	S/T	DELETE	2.1 TITLE	S		
Street address :	GAMBLE, TERRY 1127 WILLIS AVE		2.2 NAME	Lecrecia Wilson	Change	☐ Addition
CITY-ST-ZIP	SARASOTA FL		2.3 STREET ADDRESS	1714 Colleen St.		
TITLE	1/1	DELETE	2 4 CITY-ST-ZIP	Sarasota, F1 3423	31	
NAME	HAROLD STILES, TREASURER		3.1 TITLE	·	☐ Change	Addition
Street address	1916 FERN AVE.		3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP			
ITLE	W.C. CLADY	DELETE	4.1 TITLE	T		
TREET ADDRESS	W.C. CLARK 1107 SOUTHERN PINE LA		4. 2 NAME	Jack Harkness	☐ Change	Addition
TY-ST-ZIP	SARASOTA FL		4.3 STREET ADDRESS	415 L'Ambiance Dr	#B-802	ľ
ITLE	7.001/1/2	DELETE	4.4 CITY-ST-ZIP	Longboat Key,F1 3	4228	
AME	JOHN COATE	F"] nere≀e	5.1 TITLE	T	Change	Addition
TREET ADDRESS	6310 GLEN ABBEY LN.		5.2 NAME 5.3 STREET ADDRESS	Hal Hatley		
TY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP	4214 Arrow Ave.	^	
TLE		DELETE	6.1 TITLE	Sarasota, Fl 3423		<u> </u>
AME TREET ADDRESS			6.2 NAME		☐ Change	☐ Addition
TY-ST-ZIP			6.3 STREET ADDRESS			Ī
	certify that the information supplied with t		6.4 CITY-ST-ZIP			i

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

Harold Stiles Treas. Harold Stiles Treas. Harl Stile 4/8/96 941-955-6397