FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48540 (1)

1. Corporation Name

BUSHNELL, FLORIDA CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
P O BOX 1449 BUSHNELL FL 33513	P O BOX 1449 BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3123031 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / Country 30	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
DOTSON, ALVA E. 1122 N. WEST STREET BUSHNELL FL 33513	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GILBERT, DALE	12 NAME	
STREET ADDRESS	BOX 400 RT. 2 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	MCNEILL, JAMES	22 NAME	Alton Bloomfield
STREET ADDRESS	8100 E SOUTHLAKE DR	23 STREET ADDRESS	2235 C.R. 753 P.O. Box 878
CITY-ST-ZIP	FLORAL CITY FL	24 CITY-ST-ZIP	Webster, FL 33597
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	SWEENEY, KEITH	32 NAME	Earl Schram
STREET ADDRESS	212B RIDGECREST LOOP	33 STREET ADDRESS	1953 C.R. 654A
CITY-ST ZIP	MINNEOLA FL	34 CITY-ST-ZIP	Bushnell, FL 33513
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	DOTSON, ALVA E.	42 NAME	
STREET ADDRESS	418 TUSTENUGGE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	S ☒ Change ☐ Addition
NAME	DOUGLAS, WANENA	52 NAME	Jane Cole
STREET ADDRESS	P.O. BOX 909 N/A	53 STREET ADDRESS	1053 S.W. 48th Ave P.O. Box 1498
CITY-ST-ZIP	LAKE PANASOFFKEE FL	54 CITY-ST-ZIP	Bushnell, FL 33513
TITLE	T	61 TITLE	T ☒ Change ☐ Addition
NAME	SWEENEY, P. RODNEY	62 NAME	Ione S. Fields
STREET ADDRESS	P.O. BOX 560519 N/A	63 STREET ADDRESS	506 W. Noble Ave Lot 106
CITY-ST-ZIP	MONTVERDE FL	64 CITY-ST-ZIP	Bushnell, FL 33513

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)(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: Alva E. Dotson 04-19-95 (904) 793-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alva E. Dotson

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