

# 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

**DOCUMENT # N48540 (1)**  
1. Corporation Name  
**BUSHNELL, FLORIDA CHURCH OF THE NAZARENE, INC.**



Principal Place of Business  
**P O BOX 1449  
BUSHNELL FL 33513**

Mailing Address  
**P O BOX 1449  
BUSHNELL FL 33513**

3. Date Incorporated or Qualified  
**04/21/1992**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3123031</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

## 9. Name and Address of Current Registered Agent

**DOTSON, ALVA E.  
1122 N. WEST STREET  
BUSHNELL FL 33513**

## 10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GILBERT, DALE</b>	
STREET ADDRESS	<b>BOX 400 RT. 2 N/A</b>	
CITY - ST - ZIP	<b>LAKE PANASOFFKEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOOMFIELD, ALTON</b>	
STREET ADDRESS	<b>2235 C.R. 753 P.O. BOX 878</b>	
CITY - ST - ZIP	<b>WEBSTER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHRAM, EARL</b>	
STREET ADDRESS	<b>1953 C.R. 6545A</b>	
CITY - ST - ZIP	<b>BUSHNELL FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DOTSON, ALVA E.</b>	
STREET ADDRESS	<b>418 TUSTENUGGE DR.</b>	
CITY - ST - ZIP	<b>BUSHNELL FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>COLE, JANE</b>	
STREET ADDRESS	<b>1053 SW 48TH AVENUE P.O. BOX 1438</b>	
CITY - ST - ZIP	<b>BUSHNELL FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FIELDS, IONE S</b>	
STREET ADDRESS	<b>506 W NOBEL AVENUE LOT 106</b>	
CITY - ST - ZIP	<b>BUSHNELL FL</b>	

## 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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: *Alva E. Dotson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*April 28 1996*

CR2E037 (12/95)