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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:34

DOCUMENT # N49371 (0)

1. Corporation Name
CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
532 DEEN BLVD. LAKE PLACID FL 33852	P. O. BOX 217 LAKE PLACID FL 33852 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1992
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-2900857 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 33862-0217 / 30 Highlands

9. Name and Address of Current Registered Agent

HEINZE, ARNOLD
1533 2ND TERRACE
LAKE PLACID FL 33852

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 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	1.1 TITLE	☐ Change ☐ Addition
NAME	DELMARTER, DALE	1.2 NAME	
STREET ADDRESS	328 HIGHLANDS LAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FROST, JEAN	2.2 NAME	
STREET ADDRESS	CR 29 BOX 1752 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HEINZE, ARNOLD	3.2 NAME	
STREET ADDRESS	1533 2ND TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, LOIS	4.2 NAME	
STREET ADDRESS	P O BOX 905 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	GALLOWAY, DEBBIE	5.2 NAME	Gerald Strong
STREET ADDRESS	259 JACKSON AVENUE, N.E.	5.3 STREET ADDRESS	29 Glades Drive
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	Lake Placid, FL, 33852
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LYONS, MARY	6.2 NAME	
STREET ADDRESS	103 JADE WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	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)(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: Lois Gray 3/16/95 813-763-4591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068181