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 MAY -1 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001089 (2)

1. Corporation Name

WAUCHULA CHURCH OF THE NAZARENE, INCORPORATE

Principal Place of Business	Mailing Address
511 W PALMETTO ST WAUCHULA FL 33873	P.O.BOX 717 WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1993
3a. Date of Last Report: 03/17/1994

4. FEI Number: NOT APPLICABLE ☐ 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) / County (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

PABLO DELLEPERE

316 RIVERSIDE DR

WAUCHULA FL 33873

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: REV. PABLO DELLEPERE — Pablo Dellepere — 4-26-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DELLEPERE, PABLO	12 NAME	
STREET ADDRESS	316 RIVERSIDE DR	13 STREET ADDRESS	
CITY ST ZIP	WAUCHULA FL 33873	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JE	22 NAME	500001478765
STREET ADDRESS	RT1 BOX 63	23 STREET ADDRESS	-05/08/95--01046--003
CITY ST ZIP	WAUCHULA FL 33873	24 CITY ST ZIP	*****61.25 *****61.25
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STORY, JIMMY	32 NAME	
STREET ADDRESS	RT 1 BOX 63A	33 STREET ADDRESS	
CITY ST ZIP	WAUCHULA FL 33873	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	FINCH, MARAJEAN	42 NAME	
STREET ADDRESS	306 MEADOW LN	43 STREET ADDRESS	
CITY ST ZIP	ZOLFO SPRINGS FL 33890	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: REV. PABLO DELLEPERE — Pablo Dellepere — 4-26-95 — 813-773-6809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #