

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 # N94000000308 (6)

1. Corporation Name

SAN MATEO FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Business

496 S HIGHWAY 17 S
SAN MATEO FL 32187

Mailing Address

PO BOX 1065
SAN MATEO FL 32187



2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 1268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

SAN MATEO, FL

Zip

Country

Zip

Country

24

25

29

32187

30

FLORIDA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/21/1994

3a. Date of Last Report

04/20/1995

4. FEI Number

59-2383652

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

WILLIAMS, JAMES P
101 LISA ANN TRAIL
PALATKA FL 32178

81 Name

SPURLOCK, W. EARL

82

Street Address (P.O. Box Number is Not Acceptable)

102 ARNOLD AVENUE

83

84 City

INTERLACHEN

FL

85 Zip Code

32148

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 W. EARL SPURLOCK

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

W. Earl Spurlock - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

2/10/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME VTR
STREET ADDRESS GROVE, JOHN
CITY-ST-ZIP 228 ALABAMA ST
FRUITLAND, WELAKA FL 32193

TITLE ☒ DELETE

NAME STTR
STREET ADDRESS GROVE, JUNE
CITY-ST-ZIP 228 ALABAMA ST
FRUITLAND, WELAKA FL 32193

TITLE ☒ DELETE

NAME TR
STREET ADDRESS BARSTOW, DONALD
CITY-ST-ZIP HC-2-BOX 252
SATSUMA FL 32189

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME TRUSTEE
1.3 STREET ADDRESS RANDY CARTER
1.4 CITY-ST-ZIP 9005 D. BECK ROAD
HASTINGS, FL 32145

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME TRUSTEE
2.3 STREET ADDRESS MARY CARTER
2.4 CITY-ST-ZIP 9005 D. BECK ROAD
Hastings, FL 32145

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME TRUSTEE
3.3 STREET ADDRESS HARRY COCHNOWER
3.4 CITY-ST-ZIP 238 COMFORT DRIVE
EAST PALATKA, FL 32131

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME PRESIDENT
4.3 STREET ADDRESS W. EARL SPURLOCK
4.4 CITY-ST-ZIP 102 ARNOLD AVENUE
INTERLACHEN, FL 32148

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 700001746717
5.4 CITY-ST-ZIP -03/18/96--01044--003
***\$1.25

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96

Date

(904) 684-4824

Daytime Phone #

CR2E037 (12/95)

PS 3/12/96