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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:06

DOCUMENT # N94000003044 (4)

1. Corporation Name
COMMUNITY CHURCH OF THE NAZARENE, TARPON SPRINGS , INC.

Principal Place of Business	Mailing Address
2960 CLUBHOUSE DRIVE WEST CLEARWATER FL 34621	2960 CLUBHOUSE DRIVE WEST CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:
4. FEI Number: 59-3228445 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 3333 Keystone Road Suite, Apt. #, etc. 22 Tarpon Springs, FL. City & State 23 34689 USA Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALLAM, DONALD O 2960 CLUBHOUSE DRIVE WEST CLEARWATER FL 34621	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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	HALLAM, ARLITA	1.2 NAME	
STREET ADDRESS	2960 CLUBHOUSE DR. WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, DEBRA	2.2 NAME	
STREET ADDRESS	2187 BLUE TERN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, LARRY	3.2 NAME	
STREET ADDRESS	2187 BLUE TERN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DROSTE, JACK	4.2 NAME	
STREET ADDRESS	3927 WINSTON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DROSTE, NANCY	5.2 NAME	
STREET ADDRESS	3927 WINSTON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	HALLMAN, DONALD O	6.2 NAME	
STREET ADDRESS	2960 CLUBHOUSE DRIVE WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	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: Donald O Hallam 1/15/95 (813) 796-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald O. Hallam

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