SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N94000004349 (6)

DOCUMENT # 1. Corporation Name GOULDS CHURCH OF THE NAZARENE, INC.

Principal Place of Busines	s	Mailing Address		-		1 18411191 910 19111 41E11 9611 981	FRE <b>W.W.</b> F. <b>V.W.</b> F. 1	<b>48111 81984 1</b> 1[[]]	A1919 1911 1891
11805 SW 232ND ST. GOULDS FL 33170		P.O. BOX 425 Goulds FL							
						3. Date Incorporated or Qualified 08/31/1994	<b>3a</b> . Da	ate of Last Re 05/01/19	
2. Principal Place of Busi	ness	2a. Mailing Address				4. FEI Number 65-0501824	•	<del></del>	plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-			05 050 1624		\$8.75 A	t Applicable
22		27				5. Certificate of Status Desired		Fee Re	
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	- 11		6. Election Campaign Financing		\$5.00	May Be
23	T. "#!"	28	, .			Trust Fund Contribution	L.J	Added t	o Fees
Zip	Country	Zip	——————————————————————————————————————	untry		8. This corporation has liability for		tax under s. <b>K</b> I No	199.032,
24 Q Name	25] and Address of Current	[29] Registered Agent	30	1		Florida Statutes  10. Name and Address of New Re		<b>3.1</b>	
ψ, -1M(1)				81	Name		4	<b></b>	
MASON, BOB				82	Street Ad-	dress (P.O. Boy Number is Not Acceptal	hle)	<del></del>	
11805 SW 232ND ST.				02	32 Street Address (P.O. Box Number is Not Acceptable)				
GOULDS FL 331	70			83		***************************************			
				84	City		FL	<b>85</b> Zip (	Code
11 Pursuant to the provi	sions of Sections 617 0502	and 617,1508 Florida Stati	ites, the a	lbove-	named cor	poration submits this statement for the p	nurpose of	changing its	registered
office or registered a	gent, or both, in the State of	f Florida Such change was ions of, Section 617,0503, F	authorize	d by t	he corpora	ition's board of directors. I hereby accep	the appo	intment as re	gistered
	ntri, and accept the obligati	ions of, Section 017,0303, F	ioriua sta	itutes.					
SIGNATURE	d or printed name of registered agent	and title it applicable (Ni	DTE Register	rea Agen	nt signature req	urred when reinstating)	DATE		
SIGNATURE	d or printed name of registered agent	DIRECTORS	DTE Register	<u>`</u>	nt signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFF		_	
SIGNATURE Signature, type  12. TITLE D	OFFICERS AND	<del></del>	13	<u>`</u>	nt signature requ			DIRECTOR Change	IS IN 12
SIGNATURE Signature type  12. TITLE D  NAME MASS	OFFICERS AND  ON, BOB REV	DIRECTORS	13 1.1 1.21	I. TITLE NAME				_	
SIGNATURE Signature, type  12. TITLE D NAME MASS STREET ADDRESS 581.3	OFFICERS AND DN, BOB REV SW 190TH ST.	DIRECTORS	13 1.1 1.2 1.3	i. Title Name Street /	ADORESS			_	
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SIGNATURE AND THE OF REINTED NAME OF STENING OFFICER OR DIRECTOR SIGNATURE:

Date /2 /5/ (300) 258-0715

T HAATINAN ANA TANIK AHATI BARIK **Barik danik arike danik bida**a danik alaka 1001 dari