

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 10 1997 8:00am
Secretary of State

DOCUMENT # N95000001701 (0)

1. Corporation Name

NORTH PORT CHURCH OF THE NAZARENE, INC.



Principal Place of Business

Mailing Address

12715 S.TAMiami TRAIL, SPRINGS PLAZA
STE B
NORTH PORT FL 34287

12715 S.TAMiami TRAIL, SPRINGS PLAZA
STE B
NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/06/1995

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2. Name and Address of Current Registered Agent

KENES, JAMES E
12715 S.TAMiami TRAIL, SPRINGS PLAZA
STE B
NORTH PORT, FL 34287

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

34232

usa

2. Name and Address of Current Registered Agent

4. FEI Number

65-0560136

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KENES, JAMES E REV
STREET ADDRESS 401 E. LAKE DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☒ DELETE

NAME KENES, GWENDOLYN
STREET ADDRESS 401 E. LAKE DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

NAME ROBERTS, WALTER
STREET ADDRESS 3246 BRIANT ST.
CITY-ST-ZIP NORTH PORT FL 34287

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Kaufman, Connie
1640 Salford Blvd
North Port, FL 34287

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 REQUIRED

7/2/97 941-871-1211

CR2E037 (4/97)