

# 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 # N26491 (3)

1. Corporation Name

OAK HILL FIRST CHURCH OF THE NAZARENE, INC.



Principal Place of Business

Mailing Address

172 WEST HALIFAX  
P.O. BOX 1015  
OAK HILL FL 32759

172 WEST HALIFAX  
P.O. BOX 1015  
OAK HILL FL 32759

3. Date Incorporated or Qualified  
05/18/1988

3a. Date of Last Report  
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2579792

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

TRIPP, DR. HOWARD (D.MINN)  
1293 G CHENEY HIGHWAY  
TITUSVILLE FL 32780

81 Name

BERRIAN, REV. RONALD

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

801 CONRAD DRIVE

83

NEW SMYRNA BEACH

84 City

FL

85 Zip Code

32168

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

*Ronald Berrian*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME TRIPP, HOWARD (D.MINN)  
STREET ADDRESS 1293 G CHENEY HWY  
CITY-ST-ZIP TITUSVILLE FL

1.1 TITLE PASTOR ☐ Change ☒ Addition  
1.2 NAME BERRIAN, REV. RONALD  
1.3 STREET ADDRESS 801 CONRAD DRIVE  
1.4 CITY-ST-ZIP NEW SMYRNA Bch FL 32168

TITLE D ☐ DELETE  
NAME CHAMBERS, MARIAM  
STREET ADDRESS 251 BISSIT BAY RD  
CITY-ST-ZIP OAK HILL FL

2.1 TITLE TREASURER ☐ Change ☒ Addition  
2.2 NAME WATSON, JEAN  
2.3 STREET ADDRESS 1100 CONRAD DR  
2.4 CITY-ST-ZIP NEW SMYRNA Bch FL 32168

TITLE D ☐ DELETE  
NAME GARDNER, SHIRLEY  
STREET ADDRESS 4 LYNN PLACE  
CITY-ST-ZIP NEW SMYRA BEACH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME STEWART, DREW  
STREET ADDRESS 128 CEDAR ST  
CITY-ST-ZIP EDGEWATER FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE 200001753642 ☐ Change ☐ Addition  
6.2 NAME -03/22/96--01010--014  
6.3 STREET ADDRESS \*\*\*61.25  
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: JEAN WATSON *Jean Watson*

2/6/96

904-423-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)