

No. 83399	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1997		REV. RAY DOANE 401 SIXTH AVENUE NORTH TWIN FALLS ID 83301																									
	1. Mailing Address FIRST CHURCH OF THE NAZARENE, O REV. RAY DOANE 401 SIXTH AVENUE NORTH 1231 WASHINGTON ST. NORTH TWIN FALLS ID 83301																											
3. Incorporated Under The Laws of ID NO: 83399																												
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DR. RAY L. DOANE</td> <td>498 CRESTVIEW</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>WILLIAM SPAIN</td> <td>2108 CANOLEWOOD</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td>WAYNE ANDERSON</td> <td>509 PARK MEADOWS CIR.</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	DR. RAY L. DOANE	498 CRESTVIEW	TWIN FALLS	ID	83301	Secretary:	WILLIAM SPAIN	2108 CANOLEWOOD	TWIN FALLS	ID	83301	Directors:	WAYNE ANDERSON	509 PARK MEADOWS CIR.	TWIN FALLS	ID	83301
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President:	DR. RAY L. DOANE	498 CRESTVIEW	TWIN FALLS	ID	83301																							
Secretary:	WILLIAM SPAIN	2108 CANOLEWOOD	TWIN FALLS	ID	83301																							
Directors:	WAYNE ANDERSON	509 PARK MEADOWS CIR.	TWIN FALLS	ID	83301																							
5. Nature of Business CHURCH	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>DR. RAY L. DOANE</td> <td>8-30-93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td></td> <td>PRESIDENT SENIOR PASTOR</td> </tr> </table>				Signature	Date	DR. RAY L. DOANE	8-30-93	Name (Typed or Printed)	Title		PRESIDENT SENIOR PASTOR																
Signature	Date																											
DR. RAY L. DOANE	8-30-93																											
Name (Typed or Printed)	Title																											
	PRESIDENT SENIOR PASTOR																											