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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **710189** **(2)**

1. Corporation Name

METRO WEST CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
10 SO. HIAWASSEE ROAD ORLANDO FL 32835-1002	10 SO. HIAWASSEE ROAD ORLANDO FL 32835-1002

3. Date Incorporated or Qualified: 01/10/1966

4. FEI Number: 59-1869350 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VAUGHN, DAVID M.
8715 LANSMERE LANE
ORLANDO FL 32811

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 _____ 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	SD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	THOMAS, DONNA		1.2 NAME	Acker, Patricia	
STREET ADDRESS	1920 HASTINGS ST.		1.3 STREET ADDRESS	1105 Emeralda Dr	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando FL 32808	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FISHER, STANLEY		2.2 NAME	Johnson, Bob	
STREET ADDRESS	512 NICOLE		2.3 STREET ADDRESS	4607 Rose of Tara Way	
CITY-ST-ZIP	OCOEE FL		2.4 CITY-ST-ZIP	Orlando FL 32808	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LESSORD, KAREN		3.2 NAME		
STREET ADDRESS	121 GRAND JUNCTION BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAMOTHE, JAMES		4.2 NAME		
STREET ADDRESS	7245 DR. PHILLIPS BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VAUGHN, DAVID M.		5.2 NAME		
STREET ADDRESS	8715 LANSMERE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: Karen Lessord Karen Lessord 4/20/98 407/293-2781