NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State
05-08-1999 90032 038 ****61.25

DOCUMENT # 741842

1. Corporation Name

LONGWOOD CHURCH OF THE NAZARENE, LONGWOOD, INC.

Principal Place of Business	Mailing Address
200 N WAYMAN ST LONGWOOD FL 32750 US	200 N WAYMAN ST LONGWOOD FL 32750 US

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/28/1978

4. FEI Number: 59-1875954 ☐ 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

9. Name and Address of Current Registered Agent

SAUNDERS, RICK
252 FRANCES AVE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: John Pasley
82 Street Address (P.O. Box Number is Not Acceptable): 1159 Quintuplet Dr.
83
84 City: Casselberry FL 85 Zip Code: 3270[illegible]

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: John Pasley [signature] DATE: 5-30-99

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	C	☑ DELETE	1.1 TITLE	Pastor ☐ Change ☐ Addition
NAME	SCOTT, WILLIS R SR		1.2 NAME	Holden, James B.
STREET ADDRESS	1926 TINDARO DR		1.3 STREET ADDRESS	621 Hermits Tr.
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	Altamonte Springs, Fl 32701
TITLE	S	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~SAUNDERS, RICK~~		2.2 NAME	Leonard Larry
STREET ADDRESS	~~252 FRANCES AVE~~		2.3 STREET ADDRESS	207 Justin Way
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-ST-ZIP	Sanford, Fl. 32773
TITLE	TR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORESE, P		3.2 NAME	
STREET ADDRESS	119 ALMA DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BERKOWITZ, HENRY		4.2 NAME	
STREET ADDRESS	456 PONCE DE LEON DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FRYE, D		5.2 NAME	
STREET ADDRESS	692 VENTURE CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPGS 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	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James B. Holden 6-17-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)