

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745572 (8)

1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF POMPANO BEACH, I NC.



Principal Place of Business 916 NE 4TH STREET POMPANO BEACH FL 33060	Mailing Address 916 NE 4TH STREET POMPANO BEACH FL 33060
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3. Date Incorporated or Qualified 01/16/1979	
4. FEI Number 59-0939946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BROWN, RALPH, REV.
732 N.E. 4TH STREET
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name James, Randall, Rev.
82 Street Address (P.O. Box Number is Not Acceptable) 732 N.E. 4th Street
83
84 City Pompano Beach FL 85 Zip Code 33060

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 *Randall L. James, Pastor* **4-1-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWN, RALPH		1.2 NAME James, Randall	
STREET ADDRESS 732 N.E. 4TH STREET		1.3 STREET ADDRESS 732 N.E. 4th Street	
CITY-ST-ZIP POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP Pompano Beach, FL 33060	
TITLE DS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRODIEN, PAULINE		2.2 NAME Ray, David	
STREET ADDRESS 131 NE 59 COURT		2.3 STREET ADDRESS 2420 NW 68th Terrace	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP Margate, FL 33063	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAY, DAVID		3.2 NAME Purinton, David, Sr.	
STREET ADDRESS 2420 N.W. 68TH TERRACE		3.3 STREET ADDRESS 2548 SE 13th Court	
CITY-ST-ZIP MARGATE FL 33083		3.4 CITY-ST-ZIP Pompano Beach, FL 33062	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Randall L. James* *Randall L. James* **4-1-98** **(954) 942-6010**

CR2E037 (10/97)