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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

460209 - 90137 - 22

DOCUMENT # **751459**

1. Corporation Name
BROOKSVILLE CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
19384 INGRAM ROAD BROOKSVILLE FL 34601	19384 INGRAM ROAD BROOKSVILLE FL 34601

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/10/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1868691 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DRIER, ELDON
20015 RUTH ST
BROOKSVILLE FL 34601

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	DT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DRIER, ELDON		1.2 NAME	
STREET ADDRESS	20015 RUTH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 00000		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EBY, REV. M		2.2 NAME	
STREET ADDRESS	19384 INGRAM ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		2. 4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILDER, CARL		3.2 NAME	
STREET ADDRESS	5001 DETROIT ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL		3.4. CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BUTCHER, TROY		4. 2 NAME	
STREET ADDRESS	27262 SOULT ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, CHARLES		5.2 NAME	
STREET ADDRESS	1152 MONROE AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MASARYKTOWN FL		5.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, TWILA		6.2 NAME	
STREET ADDRESS	7321 W.P.A. RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		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: Twila Adams SIGNATURE REQUIRED 4/27/99 352 796-4249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)