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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 752799 (7)

1. Corporation Name

FIRST CHURCH OF THE NAZARENE OF LARGO, INC.

Principal Place of Business	Mailing Address
~~C/O CAROL STOBART~~ 610 2ND AVE NE LARGO FL 34640-1542	~~C/O CAROL STOBART~~ 610 2ND AVE NE LARGO FL 33770-5009

3. Date Incorporated or Qualified: 06/05/1980
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 C/o Phyllis Hilton	26 C/o Phyllis Hilton
Suite, Apt. #, etc. 22 610 2nd. Ave. N.E.	Suite, Apt. #, etc. 27 610 2nd. Ave. N.E.
City & State 23 Largo, Fl.	City & State 28 Largo, Fl.
Zip 24 33770 Country 25	Zip 29 33770 Country 30

4. FEI Number: 59-6537860 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PHYLLIS HILTON 15001 HARDING AVE. CLEARWATER FL 34620	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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAMBUSKI, RICHARD		1.2 NAME		
STREET ADDRESS	692 OAKWOOD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	MCGHGHY		2.2 NAME	McGHGHY, Rich	
STREET ADDRESS	607 3RD AVENUE N.E.		2.3 STREET ADDRESS	1701 Palm Way Apt. A	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	Largo, Fl. 34641	
TITLE	D	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	YOUNT, RON		3.2 NAME	Yount, Ron	
STREET ADDRESS	8551 N. RIDGE LAN		3.3 STREET ADDRESS	Tr. 305 Windy Dr.	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	Largo, Fl. 33771	
TITLE	CT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HART, CHARLEY		4.2 NAME		
STREET ADDRESS	926 VICTOR HERBERT DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPRING, BILL		5.2 NAME		
STREET ADDRESS	1654 CLEARWATER-LARGO RD., #127		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	P	☐ Change ☒ Addition
NAME			6.2 NAME	Rev. Wm. Henry Horton	
STREET ADDRESS			6.3 STREET ADDRESS	611 2nd. Ave. N.E.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Largo, Fl. 33770	

CR2E037 (9/96)

14. I do 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: Ron Yount REQUIRED 3/28/97 813-578-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049602