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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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FIRST CHURCH OF THE NAZARENE OF LARGO, INC.

FILED	
Apr 01 1998 8:00am	1
Secretary of State	

- 1 HERIY XAADA BANKA KALI KAATA CANKA RAYA ARAH BIRKA BARKA BARKA BARKA ARAH ARAH ARAH

		†
Principal Place of Business	Mailing Address	
C/O PHYLLIS HILTON 610 2ND AVE NE LARGO FL 34640-1542	C/O PHYLLIS HILTON 610 2ND AVE NE LARGO FL 34640-1542	3. Date Incorporated or Qualified 06/05/1980
US	US	4. FEI Number Applied For
		59-6537860 Not Applicable
2. Principal Place of Business Phyllis Hilton	28. Mailing Address 28. Phyllis Hilton	5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing \$5.00 May Be
22 610 2nd, Ave, N.E.	27 610 2nd. Ave.	
City & State 23 Largo, Fl.	City & State 28 Largo, Fl.	7. Is this nonprofit corporation a homeowners association?
Zip Country 24 33770 25 U.S	Zip Coun 29 33770 30 U.S	et the outpointen ones of the paid the correct your interigues
9. Name and Address of Current		10. Name and Address of New Registered Agent
PHYLLIS HILTON 15001 HARDING AVE.	8	Name Street Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34620 , 1		3

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.

City

SIGNATURE .	Signature, typed or printed name of registered agent and title if applicat	ole. (NOTE: R	egistered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANG	SES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	1	DELETE	1.1 TITLE			Change	Addition
NAME	rambuski, richard		1.2 NAME				İ
STREET ADDRESS	692 OAKWOOD DR.		1.3 STREET ADDRESS				l,
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE			☐ Change	Addition
NAME	MCGHUGHY, RICH		2.2 NAME				į
STREET ADDRESS	1701 PALM WAY APT A.		2.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL		2. 4 CITY-ST-ZIP				
TITLE	T	DELETE	3.1 TITLE			Change	Addition
NAME	YOUNT, RON		3.2 NAME				
STREET ADDRESS	305 WINDY DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	LARGO FL		3.4. CITY-ST-ZIP			,	
TITLE	CT	DELETE	4.1 TITLE			☐ Change	Addition
NAME	HART, CHARLEY		4. 2 NAME				
STREET ADDRESS	926 VICTOR HERBERT DR.		4.3 STREET ADDRESS				l
CITY-ST-ZIP	LARGO FL		4.4 CITY - ST - ZIP				
TITLE	T	DELETE	5.1 TITLE			☐ Change	Addition
NAME	SPRING, BILL		5.2 NAME				l
STREET ADDRESS	1854 CLEARWATER-LARGO RD., #127		5.3 STREET ADDRESS				Į
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP				
TITLE	P	☐ DELETE	6.1 TITLE			Change	Addition
NAME	HORTON, REV. WM HENRY		6.2 NAME				
STREET ADDRESS	611 2ND AVE NE		6.3 STREET ADDRESS]
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP				

14. Thereby 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:

With Thereby Certify that the Information 19.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.

Zip Code