

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90012 035 ****61.25

DOCUMENT # 855065

1. Corporation Name

**GENERAL BOARD OF THE CHURCH OF THE NAZARENE, COR
PORATION**

Principal Place of Business

**6401 THE PASEO
KANSAS CITY MO 64131**

Mailing Address

**6401 THE PASEO
KANSAS CITY MO 64131**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/22/1982

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

44-0552034

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCHANAN, JESSE L. DR.
11022 PANAMA DRIVE
TAMPA FL 33625**

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

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 ☐ DELETE
NAME **P**
STREET ADDRESS **MCCULLOUGH, MELVIN**
CITY-ST-ZIP **6789 NW 39TH EXPRESSWAY
BETHANY OK 73008**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **STONE, JACK DR.**
CITY-ST-ZIP **6401 THE PASEO
KANSAS CITY MO 64131**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **FOSTER, DR R**
CITY-ST-ZIP **6401 THE PASEO
KANSAS CITY MO 64131**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **STRAIT, NEIL C**
CITY-ST-ZIP **2754 BARFIELD DRIVE SE
GRAND RAPIDS MI**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **8258 Victory Street**
4.4 CITY-ST-ZIP **Vicksburg, MI 49097-9300**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ARCHER, JACK**
CITY-ST-ZIP **P. O. BOX 947
MOUNT VERNON OH 43050**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BORBE, BEVERLEE**
CITY-ST-ZIP **1138 RACQUET CLUB DR
AUBURN CA 95603**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

816-333-7000

Date

Daytime Phone #

CR2E037 (1/98)