

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90017 042 ****61.25

0096293

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N45096
1. Corporation Name
PALM BEACH BOULEVARD CHURCH OF THE NAZARENE, INC

Principal Place of Business: 4630 PALM BEACH BLVD, FT. MYERS FL 33905, US
Mailing Address: POST OFFICE BOX 50579, FT. MYERS FL 33905



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/12/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2088195
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LINDSAY, RODNEY 4630 PALM BEACH BLVD FORT MYERS FL 33905	81 Name: William Norris 82 Street Address: 4630 Palm Beach Blvd. 83 84 City: Fort Myers FL 85 Zip Code: 33905

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]* DATE: 1-12-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DELETE <input checked="" type="checkbox"/>	1.1 TITLE: President/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: LINDSAY, RODNEY		1.2 NAME: William Norris	
STREET ADDRESS: 4630 PALM BEACH BLVD.		1.3 STREET ADDRESS: 4630 Palm Beach Blvd.	
CITY-ST-ZIP: FT. MYERS FL		1.4 CITY-ST-ZIP: Ft Myers, FL 33905	
TITLE: TD	DELETE <input type="checkbox"/>	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: CHAPMAN, LAUREL		2.2 NAME:	
STREET ADDRESS: 13462 FERN TRAIL DR.		2.3 STREET ADDRESS:	
CITY-ST-ZIP: N FT. MYERS FL		2.4 CITY-ST-ZIP:	
TITLE: SD	DELETE <input type="checkbox"/>	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: DANIELS, JEAN		3.2 NAME:	
STREET ADDRESS: 156 OAK ST.		3.3 STREET ADDRESS:	
CITY-ST-ZIP: LABELLE FL		3.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: 1-12-99 DAYTIME PHONE #: 941-694-6111

CR2E037 (1/98)