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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N94000000308 (6)

1. Corporation Name

SAN MATEO FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
496 S HIGHWAY 17 S SAN MATEO FL 32187	PO BOX 1268 SAN MATEO FL 32187

3. Date Incorporated or Qualified: 01/21/1994

4. FEI Number: 59-2383652 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TROY A. KNUDSEN
496 S. HIGHWAY
SAN METEO FL 32187

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 496 S HIGHWAY 17

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	Trustee	☐ Change ☒ Addition
NAME	HUGH BARTON		1.2 NAME	Ernie Fake	
STREET ADDRESS	143 RHONDA ST.		1.3 STREET ADDRESS	802 Squirrel Tree Trail	
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP	Satsuma, FL 32189	
TITLE	T	☐ DELETE	2.1 TITLE	Trustee	☐ Change ☒ Addition
NAME	WILLIAM E. SPURLOCK		2.2 NAME	Blanch Smith	
STREET ADDRESS	102 ARNOLD AVENUECK		2.3 STREET ADDRESS	211 Clearwater	
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP	Satsuma, FL 32189	
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COCHNOWER, HARRY		3.2 NAME		
STREET ADDRESS	238 COMFORT DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKS FL 32131		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CYNTHIA KNUDSEN		4.2 NAME		
STREET ADDRESS	496 S. HIGHWAY 17S		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Cynthia Knudsen Cynthia Knudsen 4/27/98 (904)328-0595