FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9400000308

Corporation Name

SAN MATEO FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Busin
496 S HIGHWAY 17 S
SAN MATEO FL 32187

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2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

PO BOX 1268 SAN MATEO FL 32187

2a. Mailing Address

Suite, Apt. #, etc.

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FILED May 03, 1999 8:00 am § Secretary of State

05-03-1999 90081 034 ****61.25



Applied For

Not Applicable

3. Date incorporated or Qualifed

01/21/1994

59-2383652

FEI Number

City & State	₿	City	a State				5 Certificate of	of Status Desired		\$0.13 A	
3		28					v. Certificatio			Fee Re	quired
Zip	Country	Zip	Zip Country				6. Election Ca	mpaign Financir	ig 🗍	~~\$5:00°	May Be
4	25 29 30					Trust Fund Contribution Added to Fees					
	9. Name and Address of Current F	Registered	i Agent				10. Name and	Address of Nev	w Registered	Agent	
				81	Name						
TROY A. KNUDSEN					32 Street Address (P.O. Box Number is Not Acceptable)						
496 S. HWY. 17 SAN METEO FL 32187											
					83						
G ,,				84	City					85 Zip C	ode
									FL		
office or ra agent. I a	to the provisions of Sections 617.0502 and segment agent, or both, in the State of m familiar with, and accept the obligation	Florida, St	uch change was auth	iorized by	the corpo	corpora oration's	tion submits this board of direc	is statement for t tors. I hereby ac	he purpose of cept the appoi	changing its ntment as rec	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title If applic	cable. (NOTE: Re	gistered Age	nt signature n	required wh	nen reinstating)		DATE		
12.	OFFICERS AND	DIRECTO	RS	13.			ADDITIONS	CHANGES TO	OFFICERS AN		
TITLE	T		DELETE	1.1 TITLE		T				Change	X ★ Addition
NAME .	FAKE, ERNIE	ţ		1.2 NAME		Ed	ith Pou	ılin			İ
STREET ADDRESS	802 SQUIRREL TREE TRAIL		1.3 STREET ADDRESS		21:	3 Clear	water:R	ld		İ	
CITY-ST-ZIP	SATSUMA FL 32189			1.4 CRY-S	T-ZIP	Sa	tsuma,	FL 321	89'		
TITLE	T		K DOELETE	2.1 TITLE		1				Change	Addition
NAME	WILLIAM E. SPURLOCK			2.2 NAME							·
STREET ADDRESS	102 ARNOLD AVENUECK			2.3 STREE	T ADDRESS						
CITY-ST-ZIP	INTERLACHEN FL			2. 4 CITY-	ST-ZIP	ļ					
TITLE	T 22	-	☐ DELETE	3.1 TITLE		-			•.	Change	Addition
NAME	SMITH, BLANCH			3.2 NAME							1
STREET ADDRESS	211 CLEARWATER			3.3 STREE	T ADDRESS						
CITY-\$T-ZIP	SATSMUA FL 32189			3.4. CITY-	ST-ZIP						
IIILE	ST		☐ DELETE	4.1 TFILE						Change	☐ Addition
NAME	CYNTHIA KNUDSEN			4, 2 NAME							ŀ
STREET ADDRESS	496 S. HIGHWAY 17S			4.3 STREE	T ADDRESS						{
CITY-ST-ZIP	SAN MATEO FL			4.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 TITLE		1				☐ Change	Addition
NAME				5.2 NAME							
STREET ADDRESS					T ADDRESS	i					
CITY-ST-ZIP				5.4 CITY- S	ST-ZIP	 _		<u></u>			
TITLE			☐ DELETE	6.1 TFTLE						Change	☐ Addition
NAME				6.2 NAME							}
STREET ADDRESS				6.3 STREE	TADDRESS	1					
CITY-ST-ZIP				6.4 CITY-5		<u> </u>					
14. I hereby	certify that the information supplied with	this filing o	does not qualify for th	ne exempt	tion stated	d in Sec	tion 119.07(3)(i), Florida Statute	es. I further cer	rtify that the in	ntormation

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

4/28/99 (904)328-0595

R2E03/ (11/98)