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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733649** (8)

1. Corporation Name

**SPRING HILL CHURCH OF THE NAZARENE, INC.**

Principal Place of Business

**9800 CENTURY DRIVE  
SPRING HILL FL 34608**

Mailing Address

**9800 CENTURY DRIVE  
SPRING HILL FL 34608**



3. Date Incorporated or Qualified

**08/25/1975**

4. FEI Number

**59-6537859**

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**

**25**

**29**

**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

**CORZINE, DON R.  
9800 CENTURY DR.  
SPRING HILL FL 34608**

10. Name and Address of New Registered Agent

**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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARY DRAKES</b>	
STREET ADDRESS	<b>4054 LONGBRANCH CT.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NAGLE, BERNICE</b>	
STREET ADDRESS	<b>12824 EDDINGTON RD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHIRLEY BECK</b>	
STREET ADDRESS	<b>15737 SADORA CT.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KAY BLAGROVE</b>	
STREET ADDRESS	<b>11402 ELGIN BLVD</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAKE, RANDY</b>	
STREET ADDRESS	<b>3054 KEEPORT DR</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CORZINE, DON R.</b>	
STREET ADDRESS	<b>1548 CORYDON AVE.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Robert Beck</b>	
1.3 STREET ADDRESS	<b>15737 Sadora Ct</b>	
1.4 CITY-ST-ZIP	<b>Springhill, FL 34610</b>	

2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bill Horner</b>	
2.3 STREET ADDRESS	<b>11608 Linden Dr</b>	
2.4 CITY-ST-ZIP	<b>Springhill, FL 34608</b>	

3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BILL DENNIS</b>	
3.3 STREET ADDRESS	<b>1337 GAUCH AVE.</b>	
3.4 CITY-ST-ZIP	<b>Springhill, FL 34608</b>	

4.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Joc Weddington</b>	
4.3 STREET ADDRESS	<b>P.O. Box 5213</b>	
4.4 CITY-ST-ZIP	<b>Springhill, FL 34609</b>	

5.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Miyako Abner</b>	
5.3 STREET ADDRESS	<b>6353 Holiday Dr.</b>	
5.4 CITY-ST-ZIP	<b>Spring Hill, FL 34606</b>	

6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Kenneth Hunt</b>	
6.3 STREET ADDRESS	<b>9398 Manati St.</b>	
6.4 CITY-ST-ZIP	<b>Spring Hill, FL 34608</b>	

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: **Rev. Don Corzine** **Don Corzine** 2/25/98 (352) 683-1945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/97)