


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 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 # 713738 (3)
1. Corporation Name
SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.



Principal Place of Business ROUTE 1, BOX 4815 WHITE SPRINGS FL 32096	Mailing Address 18763 C.R. 137 WHITE SPRINGS FL 32096 US
--	--

21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip	25 Country	30 Country
--	---	-------------------	-------------------

3. Date Incorporated or Qualified 12/04/1967
4. FEI Number 59-3192960
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CLEM, FRED REV 18763 C.R. #137 WHITE SPRINGS FL 32096	
--	--

10. Name and Address of New Registered Agent	
81 Name William A. White	
82 Street Address (P.O. Box Number Is Not Acceptable) 18763 C.R. 137	
83	
84 City White Springs	85 Zip Code FL 32096

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 William A. White **4-19-98**
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE MORGAN, DURWOOD ROUTE 1, BOX 170 JASPER FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE MORGAN, LINDA ROUTE 1, BOX 170 JASPER FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input checked="" type="checkbox"/> DELETE CLEM, FRED ROUTE 1, BOX 4815 N/A WHITE SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE FOURAKER, MARTHA ROUTE 1, BOX 6550 WHITE SPRINGS, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> DELETE FOURAKER, PEARSALL ROUTE 1, BOX 6550 WHITE SPRINGS, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE BURROWS, SHIRLEY ROUTE 1, BOX 9510 WHITE SPRINGS FL 32096

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Homer Edmonds, Sr. 14534 S.E. 87TH Terrace White Springs, FL 32096
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Fouraker 9388 S.E. 154th Ave White Springs, FL 32096
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mattie Fouraker 9388 S.E. 154th Ave White Springs FL 32096
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 William A. White **4/19/98** **941-397-7326**

CR2E037 (1097)