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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710189** (2)

1. Corporation Name

METRO WEST CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

**10 SO. HIAWASSEE ROAD
ORLANDO FL 32835-1002**

**10 SO. HIAWASSEE ROAD
ORLANDO FL 32835-1002**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/10/1966

4. FEI Number

59-1869350

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**VAUGHN, DAVID M.
8715 LANSMERE LANE
ORLANDO FL 32811**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, DONNA	
STREET ADDRESS	1920 HASTINGS ST.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, STANLEY	
STREET ADDRESS	512 NICOLE	
CITY-ST-ZIP	OCFEE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LESSORD, KAREN	
STREET ADDRESS	121 GRAND JUNCTION BLVD	
CITY-ST-ZIP	ORLANDO FL	

TITLE	C	<input type="checkbox"/> DELETE
NAME	LAMOTHE, JAMES	
STREET ADDRESS	7245 DR. PHILLIPS BLVD.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	VAUGHN, DAVID M.	
STREET ADDRESS	8715 LANSMERE LANE	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Acker, Patricia	
1.3 STREET ADDRESS	1105 Emerald Dr	
1.4 CITY-ST-ZIP	Orlando FL 32808	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Johnson, Bob	
2.3 STREET ADDRESS	4607 Rose of Tara Way	
2.4 CITY-ST-ZIP	Orlando FL 32808	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Karen Lessord* *Karen Lessord*

4/20/98

407/293-2781

CR2E037 (10/97)