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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45096**

1. Corporation Name
PALM BEACH BOULEVARD CHURCH OF THE NAZARENE, INC

Principal Place of Business	Mailing Address
4630 PALM BEACH BLVD FT. MYERS FL 33905 US	POST OFFICE BOX 50579 FT. MYERS FL ~~33905~~

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/12/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2088195 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33994 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LINDSAY, RODNEY
4630 PALM BEACH BLVD
FORT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name: William Norris
82 Street Address (P.O. Box Number is Not Acceptable): 4630 Palm Beach Blvd.
83
84 City: Fort Myers FL 85 Zip Code: 33905

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 _____ 1-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President/D	☐ Change ☒ Addition
NAME	LINDSAY, RODNEY		1.2 NAME	William Norris	
STREET ADDRESS	4630 PALM BEACH BLVD.		1.3 STREET ADDRESS	4630 Palm Beach Blvd.	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	Ft Myers, FL 33905	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, LAUREL		2.2 NAME		
STREET ADDRESS	13462 FERN TRAIL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	N FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, JEAN		3.2 NAME		
STREET ADDRESS	156 OAK ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-12-99 941-694-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #