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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703421

1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF PENSACOLA, FLORIDA, INC.

Principal Place of Business 3475 PINE FOREST RD CANTONMENT FL 32533 US	Mailing Address 3475 PINE FOREST RD CANTONMENT FL 32533 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/08/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6181209
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CASSADY, DORIS
 417 E. SCHUBERT DR.
 PENSACOLA FL 32504

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

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	STEIN, JOHN	
STREET ADDRESS	7919 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, ROSA LEE	
STREET ADDRESS	2225 BUSH ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PETERSON, JAMES L	
STREET ADDRESS	3315 HWY 97S	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DIXON, ED	
STREET ADDRESS	1321 KAYZAN ST	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DAN	
STREET ADDRESS	615 N. 72ND AVE.	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIN, JILL	
STREET ADDRESS	7919 MOBILE HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	OWENS, AL	
2.3 STREET ADDRESS	429 Twin Lakes Drive	
2.4 CITY-ST-ZIP	Pensacola, FL 32504	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gasa, George	
5.3 STREET ADDRESS	5251 Crowson Rd.	
5.4 CITY-ST-ZIP	Pensacola, FL 32533	
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, with all other like empowered.

SIGNATURE: John Stein, Treasurer **SIGNATURES REQUIRED** 1/13/99 (850) 944-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)