FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90085 001 ****61.25

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DOCUMENT # **704110**

1. Corporation Name

DISTRICT ADVISORY BOARD OF THE FLORIDA DISTRICT CHURCH OF THE NAZARENE

Principal Place of Business	Mailing Address
P.O. BOX 5680 LAKELAND FL 33807-5680	P.O. BOX 5680 LAKELAND FL 33807-5680

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/28/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0917278 ☐ 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 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DENNIS, LARRY D. 4777 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DENNIS, LARRY D.		1.2 NAME		
STREET ADDRESS	4777 LAKELAND HIGHLANDS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CHARLES		2.2 NAME		
STREET ADDRESS	1400 S. LAKE ELBERT DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FULLER, GENE		3.2 NAME		
STREET ADDRESS	4720 CLEVELAND HTS. BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	Director	☒ Change ☒ Addition
NAME	LEONARD, LARRY W		4.2 NAME	Kirby, Charles	
STREET ADDRESS	5614 CRAINDALE AV		4.3 STREET ADDRESS	7018 Parliment Place	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Lakeland FL 33809	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILDER, PAUL		5.2 NAME		
STREET ADDRESS	13201 BELCHER RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		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: Renee Fuller REQUIRED 1/8/99 941-644-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #