


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 20 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 # 707056 (8)
1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF HIGH SPRINGS, IN
C.



Principal Place of Business P O BOX 715 SANTA FE BLVD HIGH SPRINGS FL 32643	Mailing Address P O BOX 715 SANTA FE BLVD HIGH SPRINGS FL 32643
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 03/26/1964	4. FEI Number 59-6140566	Applied For 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 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 ROMEY, CARL E 2405 NW 52 PL GAINESVILLE FL 32605	
-----------------------------------------------------------------------------------------------------------	--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
--------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	ANDERSON, CAROL
STREET ADDRESS	25911 NW 102 AVE.
CITY-ST-ZIP	HIGH SPRINGS FL
TITLE	D
NAME	STRIMPLE, ROBERT
STREET ADDRESS	PO BOX 218 NA
CITY-ST-ZIP	HIGH SPRINGS FL
TITLE	D
NAME	ANDERSON, MICHAEL
STREET ADDRESS	16914 NW CNTY RD., 235-A
CITY-ST-ZIP	ALACHUA FL
TITLE	S
NAME	STRIMPLE, MARTHA
STREET ADDRESS	POST OFFICE BOX 218 N/A
CITY-ST-ZIP	HIGH SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANICE E MAYS
1.3 STREET ADDRESS	P.O. Box 1101 - 1915 Board Ramp Rd
1.4 CITY-ST-ZIP	High Springs, FL 32643
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: *Carl E Romy* Date: *Aug 10 1998*

CR2E037 (10/97)