1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 707720**

THE TOWN 'N COUNTRY CHURCH OF THE NAZARENE, INC.

| Principal Place of Business |
|-----------------------------|
| 9910 WILSKY BLVD.           |

Mailing Address

## **FILED** Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90021 020 \*\*\*\*70.00

| 9910 WILSKY<br>TAMPA FL 3                           |                                                | 9910 WILSKY BLVD.<br>TAMPA FL 33615          |                   |        |                     |                                               |                   |                      |                   |
|-----------------------------------------------------|------------------------------------------------|----------------------------------------------|-------------------|--------|---------------------|-----------------------------------------------|-------------------|----------------------|-------------------|
| Principal Place of Business     2a. Mailing Address |                                                |                                              |                   |        | <u>.</u>            | 3. Date Incorporated or Qualifed              |                   |                      |                   |
| 21                                                  | 26                                             |                                              |                   |        |                     | 08/19/1964                                    |                   | <del> , , , .</del>  |                   |
| Suite, Ap                                           | Suite, Apt. #, etc. Suite, Apt. #, etc.        |                                              |                   |        |                     | 4. FEI Number                                 |                   | <del></del>          | olied For         |
| 22                                                  |                                                | 27                                           |                   |        | 59-1882790          |                                               |                   | Applicable           |                   |
| City & St                                           | ate                                            | City & State                                 | <b>⊢</b> •        |        |                     | 5. Certificate of Status Desired              | X                 | <b>\$8.75</b> A      |                   |
| 23                                                  |                                                |                                              |                   |        |                     |                                               | ·                 |                      |                   |
| Zip                                                 | Country Zip                                    |                                              |                   | intry  |                     | 6. Election Campaign Financing                |                   | \$5.00 t<br>Added to | •                 |
| 24                                                  | 25                                             | 29                                           | 30                | ī      |                     | 10. Name and Address of New Ro                | ngietored A       |                      | rees              |
|                                                     | 9. Name and Address of Cur                     | rent Registered Agent                        |                   | 81     | Name                | IV. Name and Address of New Ki                | igistered A       | gent                 |                   |
|                                                     |                                                |                                              |                   |        | 1401110             |                                               |                   |                      |                   |
|                                                     | BUCHANAN, J.L.                                 |                                              |                   |        | Street Add          | ress (P.O. Box Number is Not Acceptate        | ole)              |                      |                   |
| 11022 PANAMA DR.                                    |                                                |                                              |                   | 83     |                     |                                               |                   |                      |                   |
| tampa i                                             | FL 33625                                       |                                              |                   | 33     |                     |                                               |                   |                      |                   |
|                                                     |                                                |                                              |                   | 84     | City                |                                               | FL                | 85 Zip C             | ode               |
|                                                     |                                                |                                              |                   | نـــا  |                     | poration submits this statement for the p     |                   |                      |                   |
| SIGNATURI                                           | Signature, typed or printed name of registered | agent and title if applicable. AND DIRECTORS | (NOTE: Registered | Agent  | t signature require | ad when reinstating) ADDITIONS/CHANGES TO OFF | DATE<br>ICERS AND | DIRECTO              | RS IN 12          |
| TITLE                                               | P                                              | ☐ DELE                                       | TE 1.1 TI         | TLE    |                     |                                               |                   | ☐ Change             | ☐ Addition        |
| NAME                                                | BUCHANAN, J.L.                                 |                                              | 1.2 N             | AME    |                     |                                               |                   |                      |                   |
| STREET ADDRES                                       | s 11022 PANAMA DR.                             |                                              | 1.3 S             | TREET  | ADDRESS             |                                               |                   |                      |                   |
| CITY-ST-ZIP                                         | TAMPA FL                                       |                                              | 1.4 C             | ITY-ST | -ZIP                | TAMPA, FL 33625                               |                   |                      |                   |
| TITLE                                               | D                                              | ☐ DELE                                       | TE 2.1 TI         | TLE    |                     |                                               |                   | Change               | Addition          |
| NAME                                                | BUCHANAN, J. L. (JR.)                          |                                              | 2.2 N             | AME    |                     |                                               |                   |                      |                   |
| STREET ADDRES                                       | ss 11018 PANAMA DR.                            |                                              | 2.3 \$            | TREET  | ADDRESS             |                                               |                   |                      |                   |
| ÇITY-ST-ZIP                                         | TAMPA FL                                       |                                              | 2.40              | CITY-S | T-ZIP               | TAMPA, FL 33625                               |                   |                      |                   |
| TITLE                                               | DT                                             | DELE:                                        | TE 3.1 T          | ME     |                     |                                               |                   | Change               | ☐ Addition        |
| NAME                                                | PERRY, MICHAEL                                 |                                              | 3.2 N             | AME    |                     |                                               |                   |                      |                   |
| STREET ADDRES                                       | ss 11015 PANAMA DRIVE                          |                                              | 3.3 S             | TREET  | ADDRESS             |                                               |                   |                      |                   |
| CITY-ST-ZIP                                         | TAMPA FL                                       |                                              |                   | ITY-S  | T-ZIP               | TAMPA, FL 33625                               |                   |                      |                   |
| TITLE                                               | DS                                             | ☐ DELE                                       |                   |        |                     |                                               |                   | Change               | Addition Addition |
| NAME                                                | PERRY, JAN                                     |                                              | 4.21              | IAME   |                     |                                               |                   |                      |                   |
| STREET ADDRES                                       |                                                |                                              | 4.3 S             | TREET  | ADDRESS             |                                               |                   |                      |                   |
| CITY-ST-ZIP                                         | TAMPA FL 33615                                 |                                              |                   | ITY-ST | - ZIP               | TAMPA, FL 33625                               |                   |                      | [T] A 3 450 -     |
| TITLE                                               |                                                | ☐ DELE                                       |                   |        |                     |                                               |                   | Change               | Addition          |
| NAME                                                | }                                              |                                              | 5.2 N             |        |                     |                                               |                   |                      |                   |
| STREET ADDRES                                       | ss                                             |                                              |                   |        | ADDRESS             |                                               |                   |                      |                   |
| CITY-ST-ZIP                                         |                                                |                                              |                   | ITY-ST | r-ZIP               |                                               |                   | Change               | - Addisin         |
| TETLE                                               | 1                                              | ☐ DELE                                       | TE 6.1 T          | IILL   |                     |                                               |                   | Change               | Addition          |

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP