## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

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THE FIRST CHURCH OF THE NAZARENE OF PINELLAS PAR

K, INC. Principal Place of Business Mailing Address 6565 78TH AVE N 6565 78TH AVENUE NORTH 3. Date Incorporated or Qualified PINELLAS PARK FL 34865 PINELLAS PARK FL 34665 12/29/1966 4. FEI Number Applied For 59-2209139 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes □ No Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHUEY, REV. MARK R. **B2** Street Address (P.O. Box Number is Not Acceptable) 6550 80TH AVE N 83 PINELLAS PARK FL 34665 City Zip Code 85 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: R		re required when reinetating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	STO in Palmer Change PAddition
NAME	DAVIES, HAROLD G		1.2 NAME	15 Wand are n
STREET ADDRESS	3880 50TH AVE NO		1.3 STREET ADDRESS	ST Rejina Palmer Change Waddition 6416 42nd auc 7 St. Petersburg Fl 33709
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg FC 37101
TITLE	TD	DELETE	2.1 TITLE	TrD Change Addition
HAME	HATCHER, CHARLENE		2.2 NAME	Robert O'neal_
STREET ADDRESS	5340 75 ST. N.		2.3 STREET ADDRESS	11043 Herron Dr. 1.
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-ST-ZIP	Tr D Change Waddition Robert O'Nead 11043 Huron Dr. 71. St. Retersburg FC 33708
TITLE	PD	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHUEY, MARK R.		3.2 NAME	1
STREET ADDRESS	6550 80TH AVE. NO		3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK 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	
			B (	

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:** 

**FILED** 

Apr 14 1998 8:00am

Secretary of State

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