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02-25-1999 90025 042 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 713140

1. Corporation Name

UNIVERSITY BOULEVARD CHURCH OF THE NAZARENE, INC

Principal Place of Business
 3930 UNIVERSITY BLVD SOUTH
 JACKSONVILLE FL 32216-4387
 US

Mailing Address
 3930 UNIVERSITY BLVD SOUTH
 JACKSONVILLE FL 32216-4387
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/31/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6543250	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
				30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JENKINS, ORVILLE W JR 2938 DUPONT AVE JACKSONVILLE FL 32217				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, ORVILLE W JR	1.2 NAME	
STREET ADDRESS	2938 DUPONT AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL.	1.4 CITY-ST-ZIP	32217 32217
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, JOSEPH	2.2 NAME	
STREET ADDRESS	2075 MILLS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL.	2.4 CITY-ST-ZIP	32216
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOOD, ALAN	3.2 NAME	50
STREET ADDRESS	1264 MUNDY DR	3.3 STREET ADDRESS	Thacker, Angela
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	4324 Plaza Gate Lane S. #201
TITLE		4.1 TITLE	Jacksonville, FL 32217
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ORVILLE W JR JENKINS 1/6/99 (ROA) 737-4955
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)