

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90165 046 ****61.25

DOCUMENT # 713738

1. Corporation Name

SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.

Principal Place of Business

ROUTE 1, BOX 4815
WHITE SPRINGS FL 32096

Mailing Address

18763 C.R. 137
WHITE SPRINGS FL 32096
US



2. Principal Place of Business

21 18763 S.E. Co. Rd. 137

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

12/04/1967

4. FEI Number

59-3192960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WHITE, WILLIAM A
18763 C R 137
WHITE SPRINGS FL 32096

10. Name and Address of New Registered Agent

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

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 ☐ DELETE
NAME **D MORGAN, DURWOOD**
STREET ADDRESS **ROUTE 1, BOX 170**
CITY-ST-ZIP **JASPER FL 32052**

TITLE ☐ DELETE
NAME **D MORGAN, LINDA**
STREET ADDRESS **ROUTE 1, BOX 170**
CITY-ST-ZIP **JASPER FL 32052**

TITLE ☐ DELETE
NAME **D EDMONDS, SR H**
STREET ADDRESS **14534 S E 87TH TERRACE**
CITY-ST-ZIP **WHITE SPRINGS FL 32096**

TITLE ☐ DELETE
NAME **D FOURAKER, RICHARD**
STREET ADDRESS **9388 S E 154TH AVE**
CITY-ST-ZIP **WHITE SPRINGS, FL 00000 32096**

TITLE ☐ DELETE
NAME **D FOURAKER, MATTIE**
STREET ADDRESS **9388 S E 154TH AVE**
CITY-ST-ZIP **WHITE SPRINGS, FL 00000 32096**

TITLE ☐ DELETE
NAME **D BURROWS, SHIRLEY**
STREET ADDRESS **ROUTE 1, BOX 9510**
CITY-ST-ZIP **WHITE SPRINGS FL 32096**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **10294 S.E. 160th Lane**
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: *Mattie Fouraker* SIGNATURE REQUIRED *Richard Fouraker, Treas.* 4-17-99 904-397-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)