

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721552 (8)
 1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF OCOEE, FLORIDA INCORPORATED

Principal Place of Business 1209 CENTER STREET OCOEE FL 34761-2419	Mailing Address 1209 CENTER STREET OCOEE FL 34761-2419
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3. Date Incorporated or Qualified
08/19/1971

4. FEI Number
59-1417601

Applied For
 Not Applicable

2. Principal Place of Business 21 1209 CENTER ST. Suite, Apt. #, etc. 22 N A City & State 23 OCOEE, FLORIDA Zip 24 34761	2a. Mailing Address 26 1209 CENTER ST. Suite, Apt. #, etc. 27 N A City & State 28 OCOEE, FLORIDA Zip 29 34761
Country 25 USA	Country 30 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

BRINSON, LOUISE G.
6124 SHADOW WOOD CT
ORLANDO, FL. ABFL

10. Name and Address of New Registered Agent

81 Name BROWN, DANN L.

82 Street Address (P.O. Box Number is Not Acceptable) 7469 BRODWINE DR.

83

84 City ORLANDO FL 85 Zip Code 32818

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 *Dann L. Brown* (NOTE: Registered Agent signature required when reinstating) DATE **4/13/98**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME WARREN, DAVID V	STREET ADDRESS 6354 NIGHTWIND CIR.	CITY-ST-ZIP ORLANDO FL 32818	<input checked="" type="checkbox"/> DELETE
TITLE OFF	NAME BRINSON, LOUISE	STREET ADDRESS 6124 SHADOW WOOD CT	CITY-ST-ZIP ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME BRINSON, NATHAN W.	STREET ADDRESS 6124 SHADOW WOOD CT.	CITY-ST-ZIP ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME ROGERS, J. GERON	
1.3 STREET ADDRESS 1540 E. SPRING RIDGE CIR.	
1.4 CITY-ST-ZIP WINTER GARDEN, FLORIDA 34787	
2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BRINSON, NATHAN W.	
2.3 STREET ADDRESS 6124 SHADOW WOOD CT.	
2.4 CITY-ST-ZIP ORLANDO, FLORIDA 32808	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME BRINSON, LOUISE G.	
3.3 STREET ADDRESS 6124 SHADOW WOOD CT.	
3.4 CITY-ST-ZIP ORLANDO, FLORIDA 32808	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BROWN, DANN L.	
4.3 STREET ADDRESS 7469 BRODWINE DR.	
4.4 CITY-ST-ZIP ORLANDO, FLORIDA 32818	
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: *Louise G. Brinson* DATE: **4/13/98** (407) 295-7140

CR2E037 (10/97)