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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 721552

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



2. Principal Place of Business

21 1209 CENTER ST.

Suite, Apt. #, etc.

22 N/A

City & State

23 OCOEE, FLORIDA

Zip

24 34761

Country

25 U S A

2a. Mailing Address

26 1209 CENTER ST.

Suite, Apt. #, etc.

27 N/A

City & State

28 OCOEE, FLORIDA

Zip

29 34761

Country

30 U S A

3. Date Incorporated or Qualified

08/19/1971

4. FEI Number

59-1417601

Applied For

X 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

BROWN, DANN L.
7469 BRODWINE DR
ORLANDO FL 32818 (CORRECTED)

10. Name and Address of New Registered Agent

81 Name

BROWN, DANN L.

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

7468 BRODWINE DR.

83

ORLANDO

32818

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 DANN L. BROWN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3-21-99 DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROGERS, J. GERON
STREET ADDRESS 1540 E. SPRING RIDGE CIR
CITY-ST-ZIP WINTER GARDEN FL 34787 DELETE

TITLE SD
NAME BRINSON, NATHAN W.
STREET ADDRESS 6124 SHADOW WOOD CT
CITY-ST-ZIP ORLANDO FL 32808 DELETE

TITLE TD
NAME BRINSON, LOUISE G.
STREET ADDRESS 6124 SHADOW WOOD CT
CITY-ST-ZIP ORLANDO FL 32808 DELETE

TITLE D
NAME BROWN, DANN L.
STREET ADDRESS 7469 BRODWINE DR
CITY-ST-ZIP ORLANDO FL 32818 DELETE

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
1.2 NAME ROGERS, J. GERON
1.3 STREET ADDRESS 1455 W. KEENE RD.
1.4 CITY-ST-ZIP APOPKA, FL. 32703

2.1 TITLE D Change Addition
2.2 NAME ROBBINS, RICK
2.3 STREET ADDRESS 5681 WESTVIEW DR.
2.4 CITY-ST-ZIP ORLANDO, FL. 32810

3.1 TITLE DT Change Addition
3.2 NAME CAMPBELL, SARA
3.3 STREET ADDRESS 2545 DOVETAIL DR.
3.4 CITY-ST-ZIP OCOEE, FL. 34761

4.1 TITLE DS Change Addition
4.2 NAME BROWN, DANN L.
4.3 STREET ADDRESS 7468 BRODWINE DR.
4.4 CITY-ST-ZIP ORLANDO, FL. 32818

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
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: *Dann L. Brown* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21-99

Date

(407) 298-5549

Daytime Phone #

CR2E037 (1/98)