

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 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 # 721902 (5)
1. Corporation Name
CORNERSTONE CHURCH OF THE NAZARENE INC.

Principal Place of Business 10310 LEM TURNER RD JACKSONVILLE FL 32218	Mailing Address 10310 LEM TURNER RD JACKSONVILLE FL 32218
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3. Date Incorporated or Qualified 10/19/1971
4. FEI Number 59-1648935
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HIGGINS, WILLIAM (BILL)
3295 TINYA COURT
10310 LEM TURNER RD
JACKSONVILLE FL 32218**

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 *William L. Higgins Jr.* **4/6/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	DILLARD, NANCY
STREET ADDRESS	65 E 61ST ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	GREENWOOD, KEN
STREET ADDRESS	RT 2 BOX 531-5
CITY-ST-ZIP	CALLAHAN FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HIGGINS, WILLIAM
STREET ADDRESS	3295 TINYA COURT
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SPENCE, SID
STREET ADDRESS	14158 LEM TURNER RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WILLIAMS, BETTY
STREET ADDRESS	10310 LEM TURNER RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SPENCE, LORRAINE
STREET ADDRESS	14158 LEM TURNER RD
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GREENWOOD, KEN
2.3 STREET ADDRESS	2158 MARSH ROAD
2.4 CITY-ST-ZIP	CALLAHAN FL 32011
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SPENCE, SID
4.3 STREET ADDRESS	14158 LEM TURNER ROAD
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218
5.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILLIAMS, BETTY
5.3 STREET ADDRESS	10130 LEM TURNER ROAD
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218
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: *Nancy Dillard* **Nancy Dillard 4/6/98 751-3909**

CR2E037 (10/97)