

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722131** (0)

1. Corporation Name

**OKEECHOBEE CHURCH OF THE NAZARENE, INC.**

Principal Place of Business

Mailing Address

**425 SW 28TH ST.  
OKEECHOBEE FL 34974  
US**

**PO BOX 1184  
OKEECHOBEE FL 34973-1184  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BAKER, BRIAN W  
1652 S.W. 34TH TERRACE  
OKEECHOBEE FL 33474**

3. Date Incorporated or Qualified

**11/22/1971**

3a. Date of Last Report

**02/08/1996**

4. FEI Number

**59-1988094**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be**

Trust Fund Contribution

☐

**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

**JAMES E. HUDSON**

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

**1652 S.W. 34TH TERRACE**

83

84 City

**OKEECHOBEE**

**FL**

85 Zip Code

**34974**

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

*James E. Hudson*  
Signature, typed or printed name of registered agent and title if applicable

*James E. Hudson*  
(NOTE: Registered Agent signature required when reinstating)

**5/2/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
BAKER, BRIAN (PASTOR)**  
STREET ADDRESS **1652 S.W. 34TH TERR.**  
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME **SD  
MORRIS, ARLENE**  
STREET ADDRESS **802 S.W. 7TH AVENUE**  
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME **TD  
WARD, RICHARD**  
STREET ADDRESS **1107 S.W. 2ND STREET**  
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME **TR  
PARRISH, J.W.**  
STREET ADDRESS **3236 SE 20 COURT**  
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME **T  
LANCASTER, ERNIE**  
STREET ADDRESS **1014 SW 136 AVE**  
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME **TR  
LAWRENCE, LESLIE**  
STREET ADDRESS **2259 NW 5HT ST**  
CITY - ST - ZIP **OKEECHOBEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD  
JAMES E. HUDSON**  
1.3 STREET ADDRESS **1652 S.W. 34TH TERRACE**  
1.4 CITY - ST - ZIP **OKEECHOBEE, FL 34974**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **SD  
KATHIE LANCASTER**  
2.3 STREET ADDRESS **1014 SW 136 AVE**  
2.4 CITY - ST - ZIP **OKEECHOBEE, FL**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **TD  
VIRGINIA PARRISH**  
3.3 STREET ADDRESS **3236 SE 20 COURT**  
3.4 CITY - ST - ZIP **OKEECHOBEE, FL**

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  
6.4 CITY - ST - ZIP

14. I do 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:

*James E. Hudson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/2/97**  
Date

**914/763-3519**  
Daytime Phone #

0071396

CR2E037 (9/96)