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FILED
May 20 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 # **722131** (0)

1. Corporation Name

OKEECHOBEE CHURCH OF THE NAZARENE, INC.



Principal Place of Business 425 SW 28TH ST. OKEECHOBEE FL 34974 US	Mailing Address PO BOX 1184 OKEECHOBEE FL 34973 US
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3. Date Incorporated or Qualified 11/22/1971	
4. FEI Number 59-1988094	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 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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 HUDSON, JAMES E 1652 S.W. 34TH TERRACE OKEECHOBEE FL 34974
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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
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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	<input type="checkbox"/> DELETE
NAME	PD HUDSON, JAMES E
STREET ADDRESS	1652 S.W. 34TH TERR
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD LANCASTER, KATHIE
STREET ADDRESS	1014 S.W. 138 AVE.
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD PARRISH, VIRGINIA
STREET ADDRESS	3236 S.E. 20 COURT
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	TR PARRISH, J.W.
STREET ADDRESS	3236 SE 20 COURT
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	T LANCASTER, ERNIE
STREET ADDRESS	1014 SW 138 AVE
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TR MARK GLAZE
6.3 STREET ADDRESS	310 NW 115TH DR
6.4 CITY-ST-ZIP	OKEECHOBEE, FL

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

James E Hudson

James E Hudson

MAY 4 1998

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