

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90017 035 ****61.25

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DOCUMENT # 722131

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
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/22/1971

4. FEI Number

59-1988094

Applied For

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

HUDSON, JAMES E
1652 S.W. 34TH TERRACE
OKEECHOBEE FL 34974

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

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 PD ☐ DELETE

NAME HUDSON, JAMES E
STREET ADDRESS 1652 S.W. 34TH TERR
CITY-ST-ZIP OKEECHOBEE FL

TITLE SD ☐ DELETE

NAME LANCASTER, KATHIE
STREET ADDRESS 1014 S.W. 136 AVE.
CITY-ST-ZIP OKEECHOBEE FL

TITLE TD ☐ DELETE

NAME PARRISH, VIRGINIA
STREET ADDRESS 3236 S.E. 20 COURT
CITY-ST-ZIP OKEECHOBEE FL

TITLE TR ☒ DELETE

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

TITLE T ☒ DELETE

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

TITLE TR ☐ DELETE

NAME GLAZE, MACK
STREET ADDRESS 310 NW 113TH DR
CITY-ST-ZIP OKEECHOBEE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TR
RAY RIDENOUR
3606 SW 21ST STREET
OKEECHOBEE, FL 34974

TR
VIRGINIA PARRISH
3236 S.E. 20 CT.
OKEECHOBEE, FL 34974

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/99

941)763-3519

CR2E037 (11/98)