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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 722450

1. Corporation Name

CENTRAL CHURCH OF THE NAZARENE OF ORLANDO, FLORIDA, INC.

Principal Place of Business

300 E JACKSON STREET
 ORLANDO FL 32801
 US

Mailing Address

401 E JACKSON STREET
 ORLANDO FL 32801-4507
 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

01/14/1972

4. FEI Number

59-0838084

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

WEAVER, HOWARD
 401 E JACKSON ST.
 ORLANDO FL 32801

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 DELETE

S
 NAME WEAVER, HOWARD
 STREET ADDRESS 3537 ATLIN PLACE CR.
 CITY-ST-ZIP ORLANDO FL

TITLE DELETE

P
 NAME LEONARD, LARRY W.
 STREET ADDRESS 401 E JACKSON ST
 CITY-ST-ZIP ORLANDO FL

TITLE DELETE

D
 NAME BOTT, WILLIAM
 STREET ADDRESS 2605 NELA AVENUE
 CITY-ST-ZIP ORLANDO FL

TITLE DELETE

T
 NAME MILLS, TAWANDA
 STREET ADDRESS 6016 PITCH PINE DR
 CITY-ST-ZIP ORLANDO FL

TITLE DELETE

D
 NAME JACOBS, CARL
 STREET ADDRESS 6167 SANDS PINES EST. BLVD.
 CITY-ST-ZIP ORLANDO FL

TITLE DELETE

D
 NAME MYERS, DONALD A
 STREET ADDRESS 3601 DANBY CT
 CITY-ST-ZIP ORLANDO FL 32812

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS 3537 Atlin Place Circle
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

P
 NAME Lowry, Scott K
 2.3 STREET ADDRESS 401 East Jackson Street
 2.4 CITY-ST-ZIP Orlando FL 32801

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

Treasurer
 NAME Aoun, Carol
 4.3 STREET ADDRESS 401 E. Jackson Street
 4.4 CITY-ST-ZIP Orlando FL 32801

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS 1054 Narrow Gauge Ct
 5.4 CITY-ST-ZIP Winter Garden FL 34787

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS 670 Mojave Trail
 6.4 CITY-ST-ZIP Maitland FL 32751

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: *Carol Aoun* REQUIRED

4-7-99 407-841-4082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)