

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27, 1999 8:00am
Secretary of State

0055957

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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01-27-1999 90053 049 *****61.25

DOCUMENT # 725501

1. Corporation Name

LARGO WESTSIDE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

13650 WALSHINGHAM ROAD
LARGO FL 33774
US

Mailing Address

13650 WALSHINGHAM ROAD
LARGO FL 33774
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/08/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6508234	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIBORDY, BERNARD 10636 SEMINOLE FOREST ST. W. SEMINOLE FL 33778				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTS, NEIL			1.2 NAME			
STREET ADDRESS	10552 70TH AVE., N.			1.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKS, PAULA			2.2 NAME			
STREET ADDRESS	4100 1/2 34TH AVE., S.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANSONE, ROCCO			3.2 NAME			
STREET ADDRESS	13623 97TH TERRACE N.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIBORDY, BERNARD			4.2 NAME			
STREET ADDRESS	10636 SEMINOLE FOREST ST. W.			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAUNDERS, R.D.			5.2 NAME			
STREET ADDRESS	13650 WALSHINGHAM RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33774			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Bernard Ribordy RIBORDY, BERNARD Ribordy 1-9-99 727-595-6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #