FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **4ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

725673

(8)

KENNETH CITY CHURCH OF THE NAZARENE, INC.							
Principal Place of Business Mailing Address							fort áláir éláis sisti miall afate tadi
4401 58 ST N KENNETH CITY	r FL 33709	4401 58 ST N KENNETH CITY FL 33709				3. Date Incorporated or Qualified 02/27/1973 4. FEI Number Applied For	
9 Dringing C	Place of Business	24	Mailing Address			59-6598021	Not Applicable
21 Principal P	TACE OF BUSINESS	26	Mailing Address			5. Certificate of Status Desired] \$8.75 Additional Fee Required
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22		27				Trust Fund Contribution	
City & State		City & State				7. Is this nonprofit corporation a home	
23 Zip	Country	26]	Zip	Country	y	8. This corporation owes or has paid the	
24	25	29		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Regis	tered Agent		r	10. Name and Address of New Regist	ered Agent
				81	Name		
DUFFY, EILEEN (MRS.)			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
730 116 AVE. TREASURE ISLAND FL 33706			83				
INEAGU	INE ISPAND LE 33100					# - V	
				64	1 7		FL 85 Zip Code
11. Pursuant office or a agent. I a	to the provisions of Sections 617.0 registered agent, or both, in the Stand familiar with, and accept the ob-	502 and 6 te of Florid igations of	17.1508, Florida Statu da. Such change was f, Section 617.0503, Fl	tes, the abov authorized b lorida Statute	e-named o y the corpo s.	orporation submits this statement for the purp ration's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
SIGNATURE	Signature, typed or printed name of registered	oent and title	it applicable. (NO	TE: Registered Ag	ent signature re	quired when reinstating) D	DATE
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	TD		DELETE	1.1 TITLE			Change Addition
NAME	DUFFY, WILLIAM			1.2 NAMÉ			
STREET ADDRESS	739 116TH AVE.				T ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		DELETE	1,4 CITY-1	ST-ZIP		Change Addition
TITLE	SD Duffy, Eileen		☐ OELETE	2.1 TITLE 2.2 NAME			Cutoufe C vancing
NAME STREET ADDRESS	730116 AVENUE				T ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL			2.4 CITY-]		
TITLE	<20		DELETE	3.1 TITLE	-	PD	Change Addition
NAME	HILBURN, WAYNE R.			8.2 NAME			•
STREET ADDRESS	4440 56 ST. N		_	3.3 STREE	T ADDRESS	Phelps, Larry R. 4440 56 St. N. St.	Potonahum.
CITY-ST-ZIP	ST. PETERSBURG FL			3.4. CITY-	ST-ZIP	2000 00 001 111 0001	
TITLE] D		DELETE	4.1 TITLE	.		Change Addition
NAME	WILKINSON, LUTHER			4. 2 NAME			
STREET ADDRESS	6128 38TH AVE N. ST. PETERSBURG FL				T ADDRESS		
TITLE	GI. FEICHODONG FL		DELETE	4.4 CITY - 5.1 TITLE	SI-ZIP		Change Addition
NAME			 :	5.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				5.4 CITY-			
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME			
STREET ADDRESS	1			6.3 STREE	T ADDRESS		

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.

6.4 CITY-ST-ZIP

DOWN DEFINITION

FILED

Feb 27 1998 8:00am

Secretary of State