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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 725673

1. Corporation Name

KENNETH CITY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

4401 58 ST N KENNETH CITY FL 33709

Mailing Address

4401 58 ST N KENNETH CITY FL 33709



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/27/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6598021

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUFFY, EILEEN (MRS.) 730 116 AVE. TREASURE ISLAND FL 33706

81 Name Duffy, Eileen (Mrs.)

82 Street Address (P.O. Box Number is Not Acceptable)

5890 38 Ave. N. #101A

83 St. Petersburg FL 33710-1955

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TD DUFFY, WILLIAM 739 116TH AVE. TREASURE ISLAND FL [X] DELETE

1.1 TITLE T [X] Change [ ] Addition 1.2 NAME Heckathorne, Ann M. 1.3 STREET ADDRESS 7238 55 Ave. N. FL 33709 1.4 CITY-ST-ZIP St. Petersburg FL 33709

SD DUFFY, EILEEN 730116 AVENUE TREASURE ISLAND FL [ ] DELETE

2.1 TITLE SD [X] Change [ ] Addition 2.2 NAME Duffy, Eileen 2.3 STREET ADDRESS 5890 38 Ave. N. #101A 2.4 CITY-ST-ZIP St. Petersburg FL 33710-1955

PD PHELPS, LARRY R 4440 56 ST N ST PETERSBURG FL [ ] DELETE

3.1 TITLE [ ] Change [ ] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

D WILKINSON, LUTHER 6128 38TH AVE N. ST. PETERSBURG FL [ ] DELETE

4.1 TITLE [ ] Change [ ] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

[ ] DELETE

5.1 TITLE [ ] Change [ ] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

[ ] DELETE

6.1 TITLE [ ] Change [ ] Addition 6.2 NAME 6.3 STREET ADDRESS 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

(727) 546-0990

Date

Daytime Phone #

CR2E037 (11/98)