


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728428** (4)  
1. Corporation Name

ADVISORY BOARD OF THE NORTH FLORIDA DISTRICT, CH  
URCH OF THE NAZARENE, INC.



Principal Place of Business <b>4741 ATLANTIC BLVD STE E-4 JAX FL 32207 US</b>	Mailing Address <b>4741 ATLANTIC BLVD STE E-4 JAX FL 32207 US</b>
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3. Date Incorporated or Qualified <b>12/18/1973</b>	
4. FEI Number <b>59-6543225</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GUNTER, D MOODY 12508 MASTERS RIDGE DR BOX 519 JACKSONVILLE FL 32225</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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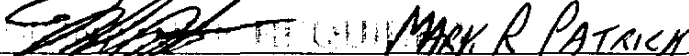
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD JENKINS, ORVILLE J</b>
STREET ADDRESS	<b>3930 UNIVERSITY BLVD S</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Y PATRICK, MARK</b>
STREET ADDRESS	<b>4040 WOODCOCK DRIVE STE 230</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D STRICKLAND, IRA</b>
STREET ADDRESS	<b>1054 HARVEST COVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P GUNTER, D MOODY</b>
STREET ADDRESS	<b>12508 MASTERS RIDGE DR, BOX 519</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D OSTENDORF, SCOTT</b>
STREET ADDRESS	<b>2863 GREENRIDGE RD</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SAWYER, ED</b>
STREET ADDRESS	<b>38328 CROWN PL</b>
CITY-ST-ZIP	<b>LADYLAKE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>P ACHESON, CHARLES D.</b>
5.3 STREET ADDRESS	<b>1420 TAUCUERE PALM</b>
5.4 CITY-ST-ZIP	<b>EDGEWATER, FL 32132</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: 

APR 29 1998

CR2E037 (10/97)