

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90153 023 ****61.25

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DOCUMENT # 728428

1. Corporation Name

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

Principal Place of Business

4741 ATLANTIC BLVD
STE E-4
JAX FL 32207
US

Mailing Address

4741 ATLANTIC BLVD
STE E-4
JAX FL 32207
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/18/1973

4. FEI Number

59-6543225

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

GUNTER, D MOODY
12508 MASTERS RIDGE DR
BOX 519
JACKSONVILLE FL 32225

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
NAME SD
STREET ADDRESS JENKINS, ORVILLE J
CITY-ST-ZIP 3930 UNIVERSITY BLVD S
JACKSONVILLE FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS PATRICK, MARK
CITY-ST-ZIP 4040 WOODCOCK DRIVE STE 230
JACKSONVILLE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS STRICKLAND, IRA
CITY-ST-ZIP 1054 HARVEST COVE
JACKSONVILLE FL

TITLE ☐ DELETE
NAME P
STREET ADDRESS GUNTER, D MOODY
CITY-ST-ZIP 12508 MASTERS RIDGE DR, BOX 519
JACKSONVILLE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS ACHESON, CHARLES D.
CITY-ST-ZIP 1420 TRAVELERS PALM
EDGEWATER FL 32132

TITLE ☐ DELETE
NAME D
STREET ADDRESS SAWYER, ED
CITY-ST-ZIP 38328 CROWN PL
LADYLAKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS DIXON, ED
1.4 CITY-ST-ZIP 321 MT AIRY ST.
CANTONMENT, FL 32533

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS MILLS, DOUG
3.4 CITY-ST-ZIP 3675 STIRLING DRIVE
TALLAHASSEE FL 32230

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRE MARK. PATRICK

Date

3/15/99

Daytime Phone #

904-376-5400

CR2E037 (11/98)