


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90172 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729108**

1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE OF SANFORD, FLORIDA, INC.**

Principal Place of Business 2581 SANFORD AVE SANFORD FL 32773-9581	Mailing Address 2581 SANFORD AVE SANFORD FL 32773-9581
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 03/19/1974	4. FEI Number 59-6560192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

**HINTON, JOHN J.**  
 2581 SANFORD AVE  
 SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name **Jonathan Carnes**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **2581 Sanford Ave**  
 84 City **Sanford** FL 85 Zip Code **32713**

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 Jonathan Carnes DATE 5/1/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		DELETE
TITLE		<input checked="" type="checkbox"/>
NAME	<b>CORNETT, CHARLIE</b>	
STREET ADDRESS	<b>906 SANTA BARBARA DR</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>WILLINK, DAVID</b>	
STREET ADDRESS	<b>221 CRESCENT BLVD</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>HINTON, JOHN J</b>	
STREET ADDRESS	<b>2581 SANFORD AVE</b>	
CITY-ST-ZIP	<b>SANFORD, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HETSLER, PERRY</b>	
STREET ADDRESS	<b>612 SUNRISE AVENUE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/>
NAME	<b>VAN SCODER, BERTHA</b>	
STREET ADDRESS	<b>209 ARCADIA ROAD</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>(T) Treasurer</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Rita Huber</b>		
1.3 STREET ADDRESS	<b>70 Catalina Drive</b>		
1.4 CITY-ST-ZIP	<b>DeBary, FL 32713</b>		
2.1 TITLE	<b>(D) Church Board Secretary</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Kirk Hawes</b>		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>(P) Pastor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Jonathan Carnes</b>		
3.3 STREET ADDRESS	<b>2581 Sanford Ave</b>		
3.4 CITY-ST-ZIP	<b>Sanford, FL 32773</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Rita Huber DATE 4/30/99 Daytime Phone # (407) 300-3122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)