

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthant</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730620** (2)  
1. Corporation Name  
**TRINITY CHURCH OF THE NAZARENE OF LAKE CITY, INC**



Principal Place of Business		Mailing Address	
ROUTE 47 SOUTH P.O. BOX 1392 LAKE CITY FL 32056 US		ROUTE 47 SOUTH P.O. BOX 1392 LAKE CITY FL 32056 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Zip	Country	Country
24	25	29	30

3. Date Incorporated or Qualified <b>09/05/1974</b>	
4. FEI Number <b>59-6554288</b>	Applied For Not Applicable
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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BURT, THEON</b> <b>RT. 11 BOX 520 Rt. 9 Box 4520</b> <b>LAKE CITY FL 32024</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 *Theon Burt* **THEON BURT, President** **4-20-98**  
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	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLEMONS, HENRY JR</b>	1.2 NAME	<b>Ditter, Marion</b>
STREET ADDRESS	<b>RT.3 BOX 128F, ST. RT. 240 NA</b>	1.3 STREET ADDRESS	<b>16248 115th Rd.</b>
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	1.4 CITY-ST-ZIP	<b>McAlpin, FL 32062</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DENBY, BRENDA</b>	2.2 NAME	<b>Tedder, Sara</b>
STREET ADDRESS	<b>RT 9 BOX 538</b>	2.3 STREET ADDRESS	<b>Rt 11 Box 678-B NA</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>	2.4 CITY-ST-ZIP	<b>Lake City, FL 32024</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES CLAYTON</b>	3.2 NAME	<b>Putnel, Barbara</b>
STREET ADDRESS	<b>P.O. BOX 628 TAMARACK LANE NA</b>	3.3 STREET ADDRESS	<b>P.O. Box 628, Tamarack Lane NA</b>
CITY-ST-ZIP	<b>LAKE CITY FL 32056</b>	3.4 CITY-ST-ZIP	<b>Lake City, FL 32056</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURT, THEON</b>	4.2 NAME	<b>Lamberson, Grace</b>
STREET ADDRESS	<b>RT 9 BOX 4520 NA</b>	4.3 STREET ADDRESS	<b>Rt 9 Box 2154 NA</b>
CITY-ST-ZIP	<b>LAKE CITY FL 32024</b>	4.4 CITY-ST-ZIP	<b>Lake City, FL 32024</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISTRUNK, SHERRELL</b>	5.2 NAME	
STREET ADDRESS	<b>RT. 1, BOX 4950 18102 SE CR 137</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE SPGS. FL 32096</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAFT, MARGARET</b>	6.2 NAME	
STREET ADDRESS	<b>PO BOX 1303 HWY 441S NA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL 32056</b>	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: *Theon Burt* **THEON BURT Pres.** **4-20-98** **904-752-7175**

CR2E037 (10/97)