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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90022 045 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730620**

1. Corporation Name

**TRINITY CHURCH OF THE NAZARENE OF LAKE CITY, INC**

Principal Place of Business

ROUTE 47 SOUTH  
P.O. BOX 1392  
LAKE CITY FL 32056  
US

Mailing Address

ROUTE 47 SOUTH  
P.O. BOX 1392  
LAKE CITY FL 32056  
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

09/05/1974

4. FEI Number

59-6554288

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BURT, THEON**  
**RT 9 BOX 4520**  
**LAKE CITY FL 32024**

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

*Theon Burt* **THEON BURT, President**

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	S	<input type="checkbox"/> DELETE
NAME	CLEMONS, HENRY JR	
STREET ADDRESS	RT 3 BOX 128F N/A	
CITY-ST-ZIP	LAKE CITY FL 32025	

TITLE	T	<input type="checkbox"/> DELETE
NAME	DITTER, MARION	
STREET ADDRESS	16248 115TH RD	
CITY-ST-ZIP	MCALPIN FL 32062	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES CLAYTON	
STREET ADDRESS	P O BOX 628 N/A	
CITY-ST-ZIP	LAKE CITY FL 32056	

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURT, THEON	
STREET ADDRESS	RT 9 BOX 4520 N/A	
CITY-ST-ZIP	LAKE CITY FL 32024	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SISTRUNK, SHERRELL	
STREET ADDRESS	18102 SE CR 137	
CITY-ST-ZIP	WHITE SPGS. FL 32096	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAFT, MARGARET	
STREET ADDRESS	P O BOX 1303 N/A	
CITY-ST-ZIP	LAKE CITY FL 32056	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tedder, Sara	
1.3 STREET ADDRESS	Rt. 11 Box 678-B	
1.4 CITY-ST-ZIP	Lake City, FL 32024	

2.1 TITLE	Lamberson, Grace Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rt 9 Box 2154	
2.3 STREET ADDRESS	Lake City, FL 32024	
2.4 CITY-ST-ZIP		

3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Louis Hufford	
3.3 STREET ADDRESS	Rt 10 Box 677	
3.4 CITY-ST-ZIP	Lake City FL 32025	

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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

*Theon Burt* **SIGNATURE REQUIRED BURT, Pres.** 3-30-99 904-752-7175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)