FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

746153

(6)

UNITED CHURCH OF THE NAZARENE, INC.

| Principal Place of Business Mailing Address | | | | | | | |
|--|---|---------|---|---------------------------------|--|--|--|
| 1320 S. CHICKASAW TRAIL ORLANDO FL 32825 | 1320 S. CHICKASAW TRAIL ORLANDO FL 32825 | | 3. Date Incorporated or Qualified 03/07/1979 4. FEI Number 59-1882975 | Applied For | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 8.75 Additional Fee Required | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution | | | | |
| City & State | k State City & State | | 7. Is this nonprofit corporation a homeowners association? | | | | |
| Zip Country 25 | 29 30 | untry | 8. This corporation owes or has paid the current Personal Property Tax due June 30. | s 🗌 No | | | |
| Name and Address of Current Registered Agent | | 81 Name | 10. Name and Address of New Registered Ager | nt | | | |
| WILLIAMS, JOSEPH 1320 S CHICKASAW TRAIL | | | treet Address (P.O. Box Number is Not Acceptable) | | | | |
| ORLANDO FL 32825 | | 83 | | 1 | | | |

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.

| agent. La | im tamiliar with, and accept the obligations of, Sec | tion 617.0503, Flori | da Statutes. | | | | |
|----------------|--|----------------------|-------------------------------|--------------------------|--------------------|--------------|----------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applic | able. (NOTE: | Registered Agent signature re | quired when reinstating) | DAT | TE. | |
| 12. | OFFICERS AND DIRECTOR | | 13. | | ANGES TO OFFICERS. | AND DIRECTOR | RS IN 12 |
| TITLE | T | DELETE | 1.1 TITLE | | | Change | Addition |
| NAME | WILLIAMS, JOSEPH M. | | 1,2 NAME | | | | |
| STREET ADDRESS | 4522 STILWELL DRIVE | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | S | DELETE | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | SMITH, MARY | | 2.2 NAME | | | | |
| STREET ADDRESS | 5701 CORTEZ DR | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | PD | DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | GRAY, REV. JOHN | | 3.2 NAME | | | | |
| STREET ADDRESS | 1320 S CHICKASAW TRAIL | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | MARSHALL, WILLIAM PENN | | 4, 2 NAME | | | | |
| STREET ADDRESS | 8734 PEPPERCORN | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | , | 4.4 CITY-ST-ZIP | | | | |
| TITLE | T | DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | Benton, Lowell | | 5.2 NAME | | | | |
| STREET ADDRESS | 7340 B. DANIEL WEBSTER DRIVE | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WINTER PARK FL | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| 1 | | | E | | | | |

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Sover & fillian BEOUIREL

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Jan 30 1998 8:00am

Secretary of State

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