

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90078 002 ****61.25

0018188

DOCUMENT # 746153

1. Corporation Name

UNITED CHURCH OF THE NAZARENE, INC.

Principal Place of Business

**1320 S. CHICKASAW TRAIL
ORLANDO FL 32825**

Mailing Address

**1320 S. CHICKASAW TRAIL
ORLANDO FL 32825**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/07/1979

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-1882975

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, JOSEPH
1320 S CHICKASAW TRAIL
ORLANDO FL 32825**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **WILLIAMS, JOSEPH M.**
STREET ADDRESS **4522 STILWELL DRIVE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Joseph Williams**
1.3 STREET ADDRESS **4106 Lillian Hall Lane**
1.4 CITY-ST-ZIP **Orlando, FL 32812**

S ☒ DELETE

NAME **SMITH, MARY**
STREET ADDRESS **5701 CORTEZ DR**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Randy Lewis**
2.3 STREET ADDRESS **4700 Rockledge**
2.4 CITY-ST-ZIP **Orlando, FL 32807**

PD ☐ DELETE

NAME **GRAY, REV. JOHN**
STREET ADDRESS **1320 S CHICKASAW TRAIL**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T ☐ DELETE

NAME **MARSHALL, WILLIAM PENN**
STREET ADDRESS **8734 PEPPERCORN**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

T ☐ DELETE

NAME **BENTON, LOWELL**
STREET ADDRESS **7340 B. DANIEL WEBSTER DRIVE**
CITY-ST-ZIP **WINTER PARK FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
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)(l), 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:

Joseph Williams **Joseph Williams** 1/26 407-275-6025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)