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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747235 (0)
1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF WINTERHAVEN, FLO
RIDA, INC.



Principal Place of Business Mailing Address
560 THIRD STREET SW WINTER HAVEN FL 33880
560 THIRD STREET SW WINTER HAVEN FL 33880

3. Date Incorporated or Qualified
05/17/1979
4. FEI Number
59-1896521
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

6. Certificate of Status Desired \$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WOODS, GERALD W.
148 LAKE MARIAM RD.
WINTER HAVEN FL 33884

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 *Gerald Woods*
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	DS	<input type="checkbox"/> DELETE
NAME	DAVIS, CHARLES	
STREET ADDRESS	1400 S. LAKE ELBERT	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAFNER, RANCE	
STREET ADDRESS	230 OLD SPANISH WAY	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBNETT, PEGGY	
STREET ADDRESS	337 OKALOSSA DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAUSSEN, BYRON	
STREET ADDRESS	1900 N. LAKE HOWARD	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASH, EARL	
STREET ADDRESS	9 EDWARDS SHORES	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHELL, HANK	
STREET ADDRESS	121 E LAKE SUMMITT DR	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jim Healy	
1.3 STREET ADDRESS	891 Oracle Dr SE	
1.4 CITY-ST-ZIP	Winter Haven Fl 33884	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Don Carroll	
2.3 STREET ADDRESS	4925 Cypress Gardens Rd	
2.4 CITY-ST-ZIP	Winter Haven Fl 33884	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tom Whiteside	
3.3 STREET ADDRESS	5910 Elque Loop Rd	
3.4 CITY-ST-ZIP	Winter Haven Fl 33884	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Randy White	
4.3 STREET ADDRESS	156 Lake Mariam Rd	
4.4 CITY-ST-ZIP	Winter Haven Fl 33884	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Al Hoenitz	
5.3 STREET ADDRESS	4925 Cypress Gardens Rd	
5.4 CITY-ST-ZIP	Winter Haven Fl 33884	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ken Melton	
6.3 STREET ADDRESS	739 Dale Mathas Dr NE	
6.4 CITY-ST-ZIP	Winter Haven Fl 33881	

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: *Gerald Woods*

CR2E037 (10/97)