

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747626** (0)

1. Corporation Name

**FERN PARK CHURCH OF THE NAZARENE, INC.**



Principal Place of Business <b>141 O'BRIEN RD FERN PARK FL 32730</b>	Mailing Address <b>141 O'BRIEN RD FERN PARK FL 32730</b>
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3. Date Incorporated or Qualified  
**06/13/1979**

4. FEI Number  
**59-2080856**

Applied For
Not Applicable

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. 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 *Don't know*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAIGO, G (GALEN) CRAIGO  
600 FREYER DRIVE  
LONGWOOD FL 32750**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAUCK, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>105 E. COLEMAN CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRIMBLE, JAMES H</b>	2.2 NAME	
STREET ADDRESS	<b>620 IVANHOE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAIGO, JAMES G</b>	3.2 NAME	
STREET ADDRESS	<b>600 FREYER DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAIGO, LOIS S</b>	4.2 NAME	
STREET ADDRESS	<b>600 FREYER DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, RANDALL K REV</b>	5.2 NAME	
STREET ADDRESS	<b>141 O'BRIEN RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERN PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*James G. Craigo* James G. Craigo 1-7-98 407-332-6754

CR2E037 (10/97)