

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
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90004 039 ****61.25

0013781

DOCUMENT # 747626

1. Corporation Name

FERN PARK CHURCH OF THE NAZARENE, INC.

Principal Place of Business

**141 O'BRIEN RD
FERN PARK FL 32730**

Mailing Address

**141 O'BRIEN RD
FERN PARK FL 32730**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/13/1979

4. FEI Number

59-2080856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current 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

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HAUCK, RICHARD**
CITY-ST-ZIP **105 E. COLEMAN CIRCLE
SANFORD FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **TRIMBLE, JAMES H**
CITY-ST-ZIP **620 IVANHOE WAY
CASSELBERRY FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CRAIGO, JAMES G**
CITY-ST-ZIP **600 FREYER DR
LONGWOOD FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **CRAIGO, LOIS S**
CITY-ST-ZIP **600 FREYER DR
LONGWOOD FL**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **WRIGHT, RANDALL K REV**
CITY-ST-ZIP **141 O'BRIEN RD
FERN PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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)(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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES H TRIMBLE** **3/11/99** **407-831-4692**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)