


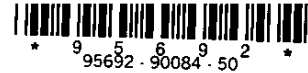
FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90084 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 749538					
1. Corporation Name CENTRAL FLORIDA DISTRICT CHURCH OF THE NAZARENE, INC.					
Principal Place of Business P.O. BOX 5680 LAKELAND FL 33807-5680			Mailing Address P.O. BOX 5680 LAKELAND FL 33807-5680		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 10/29/1979 4. FEI Number 59-0917278 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent DENNIS, LARRY D. 4777 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813				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	
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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	T	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEEPER LARRY			1.2 NAME	Egidio, Stephen C.		
STREET ADDRESS	509 NESLO LANE			1.3 STREET ADDRESS	4409 Hardenoak Trail		
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP	Lakeland FL 33813-1537		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNIS, LARRY D.			2.2 NAME			
STREET ADDRESS	4777 LAKELAND HIGHLANDS ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULLER, GENE			3.2 NAME			
STREET ADDRESS	4720 CLEVELAND HTS. BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEONARD, LARRY W			4.2 NAME	Kirby, Charles		
STREET ADDRESS	5614 CRAINDALE AV			4.3 STREET ADDRESS	7018 Parliment Place		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	Lakeland FL 33809		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, CHARLES			5.2 NAME			
STREET ADDRESS	1400 S. ELBERT DR.			5.3 STREET ADDRESS	110 Covington Cove S.E.		
CITY-ST-ZIP	WINTER HAVEN FL			5.4 CITY-ST-ZIP	Winter Haven FL 33884		
TITLE		<input type="checkbox"/> DELETE		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, with all other like empowered.

SIGNATURE:

Stephen C. Egidio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

941-644-9331
Daytime Phone #

CR2E037 (11/98)