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
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90109 033 ****61.25

DOCUMENT # 754365

1. Corporation Name
THE ARCADIA FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
132 WEST GIBSON STREET ARCADIA FL 34266 US	132 WEST GIBSON STREET ARCADIA FL 34266 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/25/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0954124 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, JOHN E.
6230 S.W. C-760
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name: Twohig, Doris
82 Street Address (P.O. Box Number is Not Acceptable): 710 E. Maple Street
83
84 City: Arcadia FL 85 Zip Code: 34266

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: Doris Twohig Church Secretary — April 11, 1999
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUCKER, DONALD N		1.2 NAME		
STREET ADDRESS	523 CLARK LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, DONALD		2.2 NAME		
STREET ADDRESS	2049 GOOLSBY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, JOHN E		3.2 NAME	Robert Baird	
STREET ADDRESS	6077 SW COUNTRY RD 760		3.3 STREET ADDRESS	1231 SE Vermont Ave.	
CITY-ST-ZIP	ARCADIA, FL 00000 34266		3.4 CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, SHARON		4.2 NAME		
STREET ADDRESS	3409 S.E. COUNTY RD., C-760		4.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 00000 34266		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, ELIZABETH		5.2 NAME		
STREET ADDRESS	1722 N.E. TRISHA AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HILL, JERRY		6.2 NAME		
STREET ADDRESS	4337 NE HWY 17		6.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		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: Doris Twohig SIGNATURE REQUIRED — 4-11-99 — 941-494-1514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doris Twohig — 4-11-99 — 941-993-3557

CR2E037 (11/98)