


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754992** (6)

1. Corporation Name

**FIRST CHURCH OF THE NAZARENE, INCORPORATED BARTO
W, FLORIDA**

Principal Place of Business

**BARTOW, FLORIDA
950 S. FLORAL AVE.
BARTOW FL 33830**

Mailing Address

**BARTOW, FLORIDA
950 S. FLORAL AVE.
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/05/1980** 3a. Date of Last Report **02/13/1996**

4. FEI Number **59-6537862** 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CASSICK, RICHARD
840 SHADYLANE
BARTOW FL 33830**

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

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 **P** ☒ DELETE
NAME **LEEPER, LAWRENCE E.**
STREET ADDRESS **509 NELSON LANE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **T** ☐ DELETE
NAME **CASSICK, ELEANOR**
STREET ADDRESS **3539 GARRARD ROAD**
CITY-ST-ZIP **FT. MEADE FL**

TITLE **D** ☐ DELETE
NAME **BERNOR, GLENN**
STREET ADDRESS **713 ROSE ST. LOT #1**
CITY-ST-ZIP **AUBURNDAL FL**

TITLE **S** ☐ DELETE
NAME **CASSICK, RICK**
STREET ADDRESS **840 SHADY LANE**
CITY-ST-ZIP **BARTOW FL**

TITLE **D** ☐ DELETE
NAME **CASSICK, FRED**
STREET ADDRESS **3539 GARRARD ROAD**
CITY-ST-ZIP **FT. MEADE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pastor** ☒ Change ☐ Addition
1.2 NAME **Jon M. Betz**
1.3 STREET ADDRESS **10 Loma Linda Dr**
1.4 CITY-ST-ZIP **Lakeland, FL**

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 do 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.

Jon M. Betz SIGNATURE REQUIRED

CR2E037 (4/97)