


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 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 # 754992 (6)**  
1. Corporation Name

**FIRST CHURCH OF THE NAZARENE, INCORPORATED BARTOW, FLORIDA**



Principal Place of Business	Mailing Address
BARTOW, FLORIDA 950 S. FLORAL AVE. BARTOW FL 33830	BARTOW, FLORIDA 950 S. FLORAL AVE. BARTOW FL 33830

3. Date Incorporated or Qualified	11/05/1980
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4. FEI Number	59-6537862	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21	26

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

City & State	City & State
23	28

Zip	Country	Zip	Country
24	25	29	30

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETZ, JON M	1.2 NAME	
STREET ADDRESS	10 LOMA LINDA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSICK, ELEANOR	2.2 NAME	
STREET ADDRESS	3539 GARRARD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNOR, GLENN	3.2 NAME	
STREET ADDRESS	713 ROSE ST. LOT #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSICK, RICK	4.2 NAME	
STREET ADDRESS	840 SHADYLANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSICK, FRED	5.2 NAME	
STREET ADDRESS	3539 GARRARD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	5.4 CITY-ST-ZIP	
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.

SIGNATURE: *Jon M. Betz* REJOINED M. Betz 1-4-98 941 644-2048

CR2E037 (10/97)