FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

STREET ADDRESS

(6)

FIRST CHURCH OF THE NAZARENE, INCORPORATED BARTO W, FLORIDA

Principal Plac	ce of Business	Mailing Address			t cooks common abini atana bakka bahka kian mafate ahahi atani ataki alahi faali ilaas
BARTOW, FLO	PAIDA	BARTOW, FLORIDA			3. Date Incorporated or Qualified
950 S. FLORA		950 S. FLORAL AVE.			f ·
BARTOW FL 3	13830	BARTOW FL 33830			11/05/1980 4. FEI Number Applied For
2. Principal 8	Place of Business	2a. Mailing Address			59-6537862 Not Applicable
21 Suite, Apt. #, etc.		26			5. Certificate of Status Desired S8.75 Additional Fee Required
	ff, BtC.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
City & Sta	to the same of the	City & State			Trust Fund Contribution Added to Fees
	ic.				7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip Country			☐ Yes 🔀 No
24	25	- '		ry	8. This corporation owes or has paid the current year Intangible
24	25 29 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
				1 Name	
040010	W DOLLARD		١	1 Valine	5
CASSICK, RICHARD			8	2 Street	t Address (P.O. Box Number is Not Acceptable)
	ADYLANE				
BARTO	N FL 33830		8	3	
			8	4 City	■ 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 register of the purpose of the purpose of changing its register of the purpose					
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 age		E: Registered A	gent signatur	re required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1,1 TITLE		Change Addition
NAME	BETZ, JON M		1.2 NAME	i	
STREET ADDRESS	10 LOMA LINDA DR		1.3 STRE	T ADDRESS	<i>y</i>
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-	ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE		Change Addition
NAME	Cassick, Eleanor		2.2 NAME		
STREET ADDRESS	3539 GARRARD ROAD		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	FT. MEADE FL		2. 4 CITY	-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	Bernor, Glenn		3.2 NAME		
STREET ADDRESS	713 ROSE ST. LOT #1		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		3.4. CITY	ST-ZIP	
TITLE	\$	DELETÉ	4.1 TITLE		☐ Change ☐ Addition
NAME	CASSICK, RICK		4, 2 NAM		
STREET ADDRESS	840 SHADY LANE			T ADDRESS	
CITY-ST-ZIP	BARTWO FL		4.4 CITY-		
TITLE	D	DELETE	5.1 TITLE	O1-TIF	Change Addition
NAME	CASSICK, FRED	<u> </u>	5.2 NAME		
STREET ADDRESS	3539 GARRARD ROAD			T ADDOCCC	
	FT. MEADE FL		B	T ADDRESS	
CITY-ST-ZIP TITLE	CO-MEADE FL	DELETE	5.4 CITY - 6.1 TITLE	SI-ZIP	
11122		- DEFEIG	a.i illit		Change Addition

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.

6.2 NAME

6.3 STREET ADDRESS

941 644-2048

FILED

Feb 04 1998 8:00am

Secretary of State