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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754992

1. Corporation Name

FIRST CHURCH OF THE NAZARENE, INCORPORATED BARTOW, 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



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

11/05/1980

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

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 BETZ, JON M
STREET ADDRESS 10 LOMA LINDA DR
CITY-ST-ZIP LAKE LAND 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 AUBURNDALE 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 ☐ Change ☒ Addition

NAME D ELMER LEWIS
STREET ADDRESS 2535 Hwy. 98E.
CITY-ST-ZIP FT. MEADE, FLA. 33841

2.1 TITLE ☐ Change ☒ Addition

NAME D WINTON GLISSON
STREET ADDRESS ROUTE 1 BOX 1081
CITY-ST-ZIP BARTOW, FLA. 33830

3.1 TITLE ☒ Change ☐ Addition

NAME S VICKY CARTER
STREET ADDRESS 344 EAGLE LOOP RD.
CITY-ST-ZIP EAGLE LAKE, FLA. 33880

4.1 TITLE ☐ Change ☐ Addition

2 NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

2 NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

2 NAME
STREET ADDRESS
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: Jon M. Betz REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 (941) 537-1149

Date Daytime Phone #

CR2E037 (11/98)