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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	Mailing Address
BARTOW, FLORIDA 950 S. FLORAL AVE. BARTOW FL 33830	BARTOW, FLORIDA 950 S. FLORAL AVE. BARTOW FL 33830



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/05/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6537862
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASSICK, RICHARD 840 SHADYLANE BARTOW FL 33830	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 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 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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETZ, JON M	1.2 NAME	ELMER LEWIS
STREET ADDRESS	10 LOMA LINDA DR	1.3 STREET ADDRESS	2535 Hwy. 98E.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	FT. MEADE, FLA. 33841
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSICK, ELEANOR	2.2 NAME	WINTON GLISSON
STREET ADDRESS	3539 GARRARD ROAD	2.3 STREET ADDRESS	ROUTE 1 BOX 1081
CITY-ST-ZIP	FT. MEADE FL	2.4 CITY-ST-ZIP	BARTOW, FLA. 33830
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNOR, GLENN	3.2 NAME	VICKY CARTER
STREET ADDRESS	713 ROSE ST. LOT #1	3.3 STREET ADDRESS	344 EAGLE LOOP RD.
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	EAGLE LAKE, FLA. 33880
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSICK, RICK	4.2 NAME	
STREET ADDRESS	840 SHADY LANE	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, with all other like empowered.

SIGNATURE: Jon M. Betz **SIGNATURE REQUIRED** 1-25-99 (941) 537-1149

CR2E037 (11/98)