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**

FILED Apr 14 1998 8:00am Secretary of State

DOCUMENT # 761792 (1)						
CRYSTAL LAKE CHURCH OF THE NAZARENE INC.						
					HAN ALIAN ION	
Principal Place of Business Mailing Address					IIII IIII IIII	
WENDELL V		· WENDELL W. BROWNING	•			
2119 N. CRYSTAL LAKE DRIVE 2119 N. CRYSTAL LAKE DRIVE				3. Date Incorporated or Qualified 02/09/1982		
LAKELAND FL 33801 LAKELAND FL 33801				4. FEI Number A	4. FEI Number Applied For	
% Wilson, Charles K. 90 Wilson, Charles K.			59-1869261 No	59-1869261 Not Applicable		
2. Principal Place of Bushess 2. Principal Place of Bushess 21 21 9 N. Crystal LAKE Pairc 28 2119 N. Crystallate Prive				5. Certificate of Status Desired Sa.75	Additional equired	
Suite, Apt. #, etc. / Suite, Apt. #, etc. /				Election Campaign Financing \$5.00		
27			Trust Fund Contribution			
city & State City & State City & State LAKE And FL 28 LAKE And FL				7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year in	tangible	
24 338			o POIK		No No	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent		
WILSO				LSON, CHARLES K.		
2119 N. CRYSTAL LAKE DRIVE				ddress (P.O. Box Number Is Not Acceptable)		
LAKELAND FL 33801						
			84 9ty 4	eland FL 85 39	Code 1	
11. Pursuant	to the provisions of Sections 617.0502		ts registered			
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 jumple with, and accept the obligations of Section 617.0503, Florida Statutes.						
SIGNATURE		Culson		<u> </u>		
12.	Signature typed or printed name of registered ago: OFFICERS AND		Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	20 IN 10	
TITLE	PD OFFICERS AND	DELETE		ADDITIONS/CHANGES TO OFFICERS AND DIJECTOR	Addition	
NAME	ADAMS, L KENNETH		1.2 NAME	Jack Michael T.		
STREET ADDRESS	1515 SMITHFIELD AVE.		1.3 STREET ADDRESS	1515 Smithfield AVE		
CITY-ST-ZIP	LAKELAND, FL 00000	,	1.4 CITY-ST-ZIP	LAKE/And, FL 33801	Ì	
TITLE	SD	DELETE		Chance	Addition	
NAME	BROWNING, CATHY L.		2.2 NAME	Rutts Philip 1.		
STREET ADDRESS	2824 W.BELLA VISTA		2.3 STREET ADDRESS	3336 SO. Pl AVE.		
CITY-ST-ZIP	LAKELAND, FL 00000		2.4 CITY-ST-ZIP	LAKELAND, FI 38803.		
TITLE	D	DELETE	3.1 TITLE	Change	Addition	
NAME	Walter, Larry		3.2 NAME	Strange, Mark		
STREET ADDRESS	2249 HONEYCOMB LN		3.3 STREET ADDRESS	5014 Fairfield Dr.		
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-ST-ZIP	Lakeland FL 33811		
TITLE		☐ DELETE	4.1 TITLE	EDWARD P. YEAGER	Addition	
NAME			4. 2 NAME	0 = PAINFED ST		
STREET ADDRESS			4.3 STREET ADDRESS	570 E. RAINERO ST.		
CITY-ST-ZIP		Dipere		LAKE ALFRED, FL. 33850	Additio-	
TITLE		DELETE	5.1 TITLE	☐ Change	☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 8.1 TITLE	Change	Addition	
NAME		ال الالداد	6.1 THE 6.2 NAME	CI Orange		
NAME	!		U.Z FIAME		İ	

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 eath; 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.