

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90128 005 ****61.25
05-03-1999 90128 006 *****8.75

DOCUMENT # 761792

1. Corporation Name

CRYSTAL LAKE CHURCH OF THE NAZARENE INC.

Principal Place of Business

C/O WILSON, CHARLES. K
2119 N CRYSTAL LAKE DR
LAKELAND FL 33801
US

Mailing Address

C/O WILSON, CHARLES. K
2119 N CRYSTAL LAKE DR
LAKELAND FL 33801
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/09/1982

4. FEI Number

59-1869261

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

**WILSON, CHARLES K
2119 N. CRYSTAL LAKE DRIVE
LAKELAND FL 33801**

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 *Charles K. Wilson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **JACK, MICHAEL T**
STREET ADDRESS **1515 SMITHFIELD AVE.**
CITY-ST-ZIP **LAKELAND, FL 00000 33801**

TITLE **TRD** ☒ DELETE

NAME **BUTTS, PHILIP J**
STREET ADDRESS **3335 S FL AVE**
CITY-ST-ZIP **LAKELAND, FL 00000 33803**

TITLE **D** ☒ DELETE

NAME **STRANGE, MARK**
STREET ADDRESS **5014 FAIRFIELD DR**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **TD** ☐ DELETE

NAME **YEAGER, EDWARD O**
STREET ADDRESS **570 E RAINERO ST**
CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TRD ☐ Change ☒ Addition

**BRADLEY, RUTHIE E
1143 LAKEWOOD CIRCLE W.
LAKELAND, FL 33801**

TRD ☐ Change ☒ Addition

**WOODS, BETTY J
423 LAZY DRIVE
LAKELAND, FL 33801**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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, with all other like empowered.

SIGNATURE: *Michael T. Jack* **R/MICHAEL T. JACK**

4-29-99

941-665-4306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)