## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # 763356

(3)

## FILED Jan 30 1998 8:00am Secretary of State

| LAKE CITY FIRST CHURCH OF THE NAZARENE, INC.   |   |                    |                      |  |  |   |  |                        |
|--|---|--------------------|----------------------|--|--|---|--|------------------------|
| Principal Plac   | e of Business                                   | Mailing Address    |                      |  |  | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |                        |
| 603 SOUTH ALACHUA STREET P.O. BOX 1063 LAKE CITY FL 32055-5211 LAKE CITY FL 32056-1063 US US   |   |                    |                      |  |  | 3. Date Incorporated or Qualified 05/19/1982 4. FEI Number                      | <del></del>                                      | Applied For            |
| 2. Principal Place of Business 28. Mailing Address   |   |                    |                      |  |  | 59-6543220  | <del></del> -                                    | lot Applicable         |
| 21 26  |   |                    |                      |  |  | 5. Certificate of Status Desired  |  | Additional<br>Required |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |                    |                      |  |  | 6. Election Campaign Financing  | 2 11 A 7 P TO 1                                  | Mav Be                 |
| 22   | 27  |                    |                      |  | Trust Fund Contribution                          | Added   | to Fees  |                        |
| City & State   | е   | City & State       |                      |  |  | 7. Is this nonprofit corporation a homeowne                                     |  | on?                    |
| <b>23</b> Zip  | Country   | Zip Country        |                      |  | <del>                                     </del> | ☐ No  |  |                        |
| 24   | 25  | 29                 | 30                   | iu y                                   |  | This corporation owes or has paid the cu     Personal Property Tax due June 30. |  | ntangible<br>No        |
| 241  | 9. Name and Address of Current Registered Agent |                    | 1301                 | 10                                     |  | 10. Name and Address of New Registered  |  |                        |
|  |   |                    |                      | 81 Na                                  | ame  |   | <del>===                                  </del> |                        |
| EVANS, MICHAEL H REV.<br>108 MAGNOLIA DR.  |   |                    |                      | B2 Sti                                 | reet Addre                                       | ss (P.O. Box Number is Not Acceptable)  | <del></del>                                      |                        |
| 1  | TY FL 32025                                     |                    | ļ.                   | 83                                     |  |   |  |                        |
|  |   |                    | -                    | 84 Ci                                  | h.   |   | 85 Zip   | Code                   |
|  |   |                    | 1                    | .                                      | -  | FL  | _   ' '  |                        |
| 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 _  |   |                    | <u> </u>             |  |  |   |  |                        |
| Signature, typed or printed name of registered agent and title it applicable. (NC 12. OFFICERS AND DIRECTORS   |   |                    |                      | Rogistered Agent signature require 13. |  | d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN                           | D DIBECTO  | RS IN 12               |
| TITLE  | P   | DELETE             |                      | 1.1 TITLE                              |  | 7.5017.0107.07017.1102.107.10   | ☐ Change   | Addition               |
| NAME   | EVANS, MICHAEL H REV.                           |                    | 1.2 NA               | ΛE                                     | Ì  |   |  |                        |
| STREET ADDRESS   | 108 MAGNOLIA DR.                                |                    | 1.3 STREET ADDRESS   |  | ness   |   |  |                        |
| CITY-ST-ZIP  | LAKE CITY FL                                    |                    | 1.4 CIT              | Y-ST-ZIP                               | <u> </u>   |   |  |                        |
| TITLE  | D   | ☐ DELETE           | 2.1 TITL             |  |  |   | ☐ Change   | Addition               |
| NAME   | VANN, MARC                                      |                    | 2.2 NA               | -                                      |  |   |  |                        |
| STREET ADDRESS   | 5 W DUVAL ST.                                   |                    |                      | EET ADOF                               | t t  |   |  |                        |
| CITY-ST-ZIP<br>TITLE   | LAKE CITY FL D                                  | L DELETE           | 2. 4 CIT<br>3.1 TITL | Y-ST-ZIF                               | <del>'  </del>                                   |   | ☐ Change   | Addition               |
| NAME   | WHITE, MARION                                   | C DECENT           | 3.2 NA               |  |  |   | Orlange  | regulatori             |
| STREET ADDRESS   | 1385 S. CHURCH STREET                           |                    | - E                  | '''<br>Eet adûr                        | IESS   |   |  |                        |
| CITY-ST-ZIP  | LAKE CITY FL                                    |                    |                      | Y-ST-21F                               | <b>I</b>   |   |  |                        |
| TITLE  | SD  | DELETE             | 4.1 TITE             |  |  |   | Change   | Addition               |
| NAME   | HARDEN, DONALD                                  |                    | 4. 2 NA              | ME                                     |  |   |  |                        |
| STREET ADDRESS   | 1240 MARGARET ST.                               |                    | 4.3 STR              | 4.3 STREET ADDRES                      |  |   |  |                        |
| CITY-ST-ZIP  | LAKE CITY FL                                    |                    |                      | 4.4 CITY - ST-ZIF                      |  |   |  | <u> </u>               |
| TITLE  |   | ☐ DELETE           |                      | 5.1 TITLE<br>5.2 NAME                  |  |   | Change   | ☐ Addition             |
| NAME   | l   |                    | li i                 |  |  |   |  |                        |
| STREET ADDRESS CITY-ST-ZIP   |   |                    |                      | 5.3 STREET ADDRE                       |  |   |  |                        |
| TITLE  |   | DELETE             | 6,1 TiTL             |  |  |   | Change   | Addition               |
| NAME   |   | <del>_</del> ··· = | 1                    | 6.2 NAME                               |  |   |  |                        |
| STREET ADDRESS   |   |                    | 1                    | 6,3 STREET ADDRESS                     |  |   |  |                        |
| CITY-ST-ZIP  | <u>.                                    </u>    |                    | 6.4 CIT              | /-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. |   |                    |                      |  |  |   |  |                        |