

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90033 038 ****61.25

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DOCUMENT # 763356

1. Corporation Name

LAKE CITY FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Business
603 SOUTH ALACHUA STREET
LAKE CITY FL 32055-5211
US

Mailing Address
P.O. BOX 1063
LAKE CITY FL 32056-1063
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

05/19/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6543220

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, MICHAEL H REV.
108 MAGNOLIA DR.
LAKE CITY FL 32025

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE P
NAME EVANS, MICHAEL H REV.
STREET ADDRESS 108 MAGNOLIA DR.
CITY-ST-ZIP LAKE CITY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME VANN, MARC
STREET ADDRESS 5 W DUVAL ST.
CITY-ST-ZIP LAKE CITY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME WHITE, MARION
STREET ADDRESS 1385 S. CHURCH STREET
CITY-ST-ZIP LAKE CITY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME HARDEN, DONALD
STREET ADDRESS 1240 MARGARET ST.
CITY-ST-ZIP LAKE CITY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *Michael H Evans* SIGNATURE REQUIRED BY EVANS

1/6/99 (914) 752-9696

Date

Daytime Phone #

CR2E037 (11/98)