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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 763405

1. Corporation Name

FIRST CHURCH OF THE NAZARENE AT KISSIMMEE, INC.

Principal Place of Business

1550 MILL SLOUGH RD.
KISSIMMEE FL 34744

Mailing Address

1550 MILL SLOUGH RD.
KISSIMMEE FL 34744



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/24/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-0187091

Applied For
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

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

ELLSWORTH, DIANA
3638 LATE MORNING CIR
KISSIMMEE FL 34744

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE

NAME ELLSWORTH, DIANA
STREET ADDRESS 3638 LATE MORNING CIR
CITY-ST-ZIP KISSIMMEE FL

1.1 TITLE Change Addition

TITLE PD DELETE

NAME SWOVELAND, ROBERT
STREET ADDRESS 2701 BLACK OAK LANE
CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE Change Addition

TITLE TD DELETE

NAME COWART, DENISE
STREET ADDRESS 211 RED MAPLE DR.
CITY-ST-ZIP KISSIMMEE FL

3.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE 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:

Diana Z. Ellsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DayTime Phone #

CR2E037 (1/98)