


FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765794 (3)

1. Corporation Name
BELLEVIEW CHURCH OF THE NAZARENE, INC.

Principal Place of Business P O BOX 1240 12410 S HWY 301 BELLEVIEW FL 34421 US	Mailing Address P O BOX 1240 12410 S HWY 301 BELLEVIEW FL 34421-1240 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/18/1982	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1768085	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, RODNEY 12410 S HWY 301 BELLEVIEW FL 34421	10. Name and Address of New Registered Agent 81. Name Rev. Gary Warchol 82. Street Address (P.O. Box Number is Not Acceptable) 12410 SE Hwy 301 83. 84. City Belleview FL 85. Zip Code 34420
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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 *Rev. Gary T. Warchol* DATE **4/23/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, RODNEY	1.2 NAME	Warchol, Gary
STREET ADDRESS	12410 SE HWY 301	1.3 STREET ADDRESS	12410 SE Hwy 301 POBox 1240
CITY-ST-ZIP	BELLEVIEW, FL 00000	1.4 CITY-ST-ZIP	Belleview FL 34421-1240
TITLE	TR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOSIER, JOHN	2.2 NAME	Moffitt, Thomas
STREET ADDRESS	6264 SW 122ND LANE	2.3 STREET ADDRESS	PO Box 1098
CITY-ST-ZIP	BELLEVIEW FL	2.4 CITY-ST-ZIP	Bushnell FL 33513-1098
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Head Steward <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YAROSZ, DOROTHY	3.2 NAME	Pifer, Jean
STREET ADDRESS	11877 SW 72ND COURT RD	3.3 STREET ADDRESS	8611 SE 159th place
CITY-ST-ZIP	BELLEVIEW FL	3.4 CITY-ST-ZIP	Summerfield, FL 34491-5568
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Same as Above <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUFFETT, IRENE	4.2 NAME	Carol Wilcox
STREET ADDRESS	10065 SE 45 CT	4.3 STREET ADDRESS	10665 SE 45 CT
CITY-ST-ZIP	SUMMERFIELD FL	4.4 CITY-ST-ZIP	Summerfield FL 34491
TITLE	TREASURER <input type="checkbox"/> DELETE	5.1 TITLE	Carol Wilcox <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, CAROL	5.2 NAME	33542 Lk Myrtle Blvd.
STREET ADDRESS	39108 GRAYS AIRPORT RD	5.3 STREET ADDRESS	Leesburg FL 34748
CITY-ST-ZIP	LADYLAKE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)