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FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765794** (3)

1. Corporation Name

BELLEVUE CHURCH OF THE NAZARENE, INC.



Principal Place of Business P O BOX 1240 12410 S HWY 301 BELLEVUE FL 34421 US	Mailing Address P O BOX 1240 12410 S HWY 301 BELLEVUE FL 34421 US
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3. Date Incorporated or Qualified 11/18/1982
4. FEI Number 59-1768085
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WARCHOL, GARY R 12410 SE HWY 301 BELLEVUE FL 34420
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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
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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 *Ben Gary Warchol* *Passion* **4-28-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME WARCHOL, GARY	
STREET ADDRESS 12410 SE HWY 301, P O BOX 1240	
CITY-ST-ZIP BELLEVUE, FL 00000 40	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME MOFFITT, THOMAS	
STREET ADDRESS P O BOX 1088	
CITY-ST-ZIP BUSHNELL FL 98	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME YAROSZ, DOROTHY	
STREET ADDRESS 11877 SW 72ND COURT RD	
CITY-ST-ZIP BELLEVUE FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME MUFFETT, IRENE	
STREET ADDRESS 18865 SE 45 CT	
CITY-ST-ZIP SUMMERFIELD FL	
TITLE T	<input type="checkbox"/> DELETE
NAME WILCOX, CAROL	
STREET ADDRESS 33542 LK MYRTLE BLVD	
CITY-ST-ZIP LEESBURG FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Trustee
2.3 STREET ADDRESS	Short, Gary
2.4 CITY-ST-ZIP	13259 SE 49th Ct.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steward
3.3 STREET ADDRESS	Newby, Marilyn
3.4 CITY-ST-ZIP	13229 SE 49th Ct.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE *Carol E. Mortham* **4-28-98**

CR2E037 (10/97)