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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 765794

1. Corporation Name

BELLEVIEW CHURCH OF THE NAZARENE, INC.

558444 - 90027 - 11

Principal Place of Business	Mailing Address
P O BOX 1240 12410 S HWY 301 BELLEVIEW FL 34421 US	P O BOX 1240 12410 S HWY 301 BELLEVIEW FL 34421 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/18/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1768085 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARCHOL, GARY R 12410 SE HWY 301 BELLEVIEW FL 34420	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 _____ DATE
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WARCHOL, GARY		1.2 NAME		
STREET ADDRESS	12410 SE HWY 301, P O BOX 1240		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVEIW, FL 00000 40		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	SHORT, GARY		2.2 NAME		
STREET ADDRESS	13259 S E 49TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	NEWBY, MARILYN		3.2 NAME		
STREET ADDRESS	13229 S E 49TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	MUFFETT, IRENE		4.2 NAME	Muffett Earl	
STREET ADDRESS	16665 SE 45 CT		4.3 STREET ADDRESS	4080 S.E. 166th St.	
CITY-ST-ZIP	SUMMERFIELD FL		4.4 CITY-ST-ZIP	Summerfield FL 34491	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILCOX, CAROL		5.2 NAME		
STREET ADDRESS	33542 LK MYRTLE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Carol E. Wilcox 4/26/99 353-323-1855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #