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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90134 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N00008

1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE OF PANAMA CITY, FLO RIDA, INC.**

Principal Place of Business  
 3610 2. 17TH STREET  
 PANAMA CITY FL 32401  
 US

Mailing Address  
 3610 W. 17TH STREET  
 PANAMA CITY FL 32401  
 US



21	3610 W. 17th Street	26		3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.				11/22/1983	
22		27		4.	FEI Number	Applied For
	City & State				59-6543214	Not Applicable
23	Panama City, FL	28		5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip					
24	32401	29		6.	Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country				Trust Fund Contribution	
	US	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PURL, KIMBERLY A 2605 MICHIGAN AVE PANAMA CITY FL 32405				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PURL, KIMBERLY A			1.2 NAME			
STREET ADDRESS	2605 MICHIGAN AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32405			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PURL, JOSEPH A			2.2 NAME			
STREET ADDRESS	2605 MICHIGAN AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32405			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLOYD, NICK			3.2 NAME			
STREET ADDRESS	3436 ORMOND AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPOLLA, KATHY			4.2 NAME			
STREET ADDRESS	2601 BRIARCLIFF RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			4.4 CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COPPOLA ED			5.2 NAME			
STREET ADDRESS	2601 BRIARCLIFF RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY 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 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: *Kimberly A. Purl* **SIGNATURE REQUIRED** *Kimberly A. Purl* *1/8/98* *763-4852*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)