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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(3)

WAGONER MEMORIAL NAZARENE CHURCH, INC.

FILED Mar 26 1998 8:00am Secretary of State

. I A BERKAN ANT ARDER MENAN FANTA FANTA FANTA RABE ANANG ARBER ANTON ARBER AND ARBERT ARBERT FRAN

| Principal Place of Business Mailing Address | | | | | | , | | | | | | |
|--|--|-------------------------|---|--|-------|-----------------|--|---|-----------------------------|--|--|--|
| 2402 MUD LAKE RD. P.O. BOX 9181 WALDEN WOODS STATION PLANT CITY FL 33567-9399 | | | | PO BOX 3545 P.O. BOX 9101 WALDEN WOODS STATION PLANT CITY FL 33564-3545 | | | 3. Date Incorporated or Qualified 01/12/1984 | | | | | |
| • | 2411 GH) 12 4000, 9909 | | US | 00004 0040 | | | 4. | FEI Number 59-2787022 | | Applied For Not Applicable | | |
| 2. 21 | Principal Place of Busin | ness | 2a. Mailing Ad | 2a. Mailing Address 26 | | | 6. | Certificate of Status Desired | | 75 Additional se Required | | |
| 22 | Suite, Apt. #, etc. | | Suite, Apt. | Sulte, Apt. #, etc. | | | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| 23 | City & State | | City & State | City & State | | | 7. Is this nonprofit corporation a homeowners association? Yes No | | | | | |
| 24 | | Country 25 | Zip Cour 29 30 | | | untry | | Total Control of the | Yes | ar Intangible No | | |
| | Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | | |
| | | | | | 81 | Name | | | | | | |
| HAYES, DANIEL W. 2109 W. SANDALWOOD N. | | | | | 82 | Street Addre | dress (P.O. Box Number is Not Acceptable) | | | | | |
| | PLANT CITY FL 33 | 566 | | | | | | | | | | |
| | | | | | 84 | City | | FL | 85 | Zip Code | | |
| 11 | office or registered ag | ent, or both, in the St | 0502 and 617.1508, Flo ate of Florida. Such chi oligations of, Section 61 | ange was authorize | ed by | the corporation | oratio on's t | on submits this statement for the purpose opered of directors. I hereby accept the ap | d chang cointme | ing its registered nt as registered | | |

| agent. Fair fairmar with, and accept the conganons of, section of 7.05 of 1 folioa statistics. | | | | | | | | | | | |
|--|---|----------|----------------------|-----------------------------|---------------|----------|--|--|--|--|--|
| SIGNATURE | vaniel Hayes/Pastor | | Welmer | | 3113198 | | | | | | |
| | Signature, typed or printed name of registered agent and titl | | | required when reinstating) | DATE | | | | | | |
| 12. | OFFICERS AND DIRE | | 13. | ADDITIONS/CHANGES TO OFFICE | | | | | | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | Change | Addition | | | | | |
| NAME | HAYES, DANIEL W. | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 2109 W. SANDALWOOD N. | | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | PLANT CITY FL | | 1.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | SD | DELETE | 2.1 TITLE | SD | | Addition | | | | | |
| NAME | English, Phyliss | | 2.2 NAME | Evans, Marzie | • | | | | | | |
| STREET ADDRESS | RT.2, BOX 596 | | 2.3 STREET ADDRESS | 606 Spring Blossom Ct | | | | | | | |
| CITY-ST-ZIP | LITHIA FL | | 2. 4 CITY - ST - ZIP | Brandon, Fl 33511 | | | | | | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | brandon, 1 -53311 | Change Change | Addition | | | | | |
| NAME | CAROL CHEPOLIS | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | 2336 KIRKLAND RD. | | 3.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | DOVER FL | | 3.4. CITY - ST - ZIP | | | | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change | Addition | | | | | |
| NAME | | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | , | ☐ Change | Addition | | | | | |
| NAME | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | ☐ Change | Addition | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | | |
| | | | | | | | | | | | |

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:

31/3/98