

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90003 019 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N00877

1. Corporation Name
WAGONER MEMORIAL NAZARENE CHURCH, INC.

Principal Place of Business 2402 MUD LAKE RD. P.O. BOX 9101-WALDEN WOODS STATION PLANT CITY FL 33567-9399	Mailing Address PO BOX 3545 P.O. BOX 9101-WALDEN WOODS STATION PLANT CITY FL 33564-3545 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country	3. Date Incorporated or Qualified 01/12/1984	4. FEI Number 59-2787022 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent HAYES, DANIEL W. 2109 W. SANDALWOOD N. PLANT CITY FL 33566	10. Name and Address of New Registered Agent 81 Name CHARLES R. ARMSTRONG 82 Street Address (P.O. Box Number is Not Acceptable) 2109 W. SANDALWOOD N 83 84 City PLANT CITY FL 85 Zip Code 33566
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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 *Charles R. Armstrong* REV. CHARLES R. ARMSTRONG DATE 7/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME HAYES, DANIEL W. STREET ADDRESS 2109 W. SANDALWOOD N. CITY-ST-ZIP PLANT CITY FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME ARMSTRONG, CHARLES R. 1.3 STREET ADDRESS 2109 W. SANDALWOOD N 1.4 CITY-ST-ZIP PLANT CITY, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME EVANS, MARZIE STREET ADDRESS 606 SPRING BLOSSOM CT CITY-ST-ZIP BRANDON FL 33511	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD 2.2 NAME STEVEN L. DUDLEY 2.3 STREET ADDRESS 2823 ORCHID LANE 2.4 CITY-ST-ZIP LAKELAND, FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME CAROL CHEPOLIS STREET ADDRESS 2336 KIRKLAND RD. CITY-ST-ZIP DOVER FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE CORRECT 4.2 NAME CAROL Chepolis 4.3 STREET ADDRESS CORRECT 4.4 CITY-ST-ZIP DOVER, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles R. Armstrong* REV. CHARLES R. ARMSTRONG DATE 7/11/99

CR2E037 (5/99)