

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01068 (8)**

1. Corporation Name  
**HIGHLAND PARK CHURCH OF THE NAZARENE, INC.**



Principal Place of Business <b>C/O RON R. EDWARDS 4777 LAKELAND HIGHLANDS RD LAKELAND FL 33813</b>	Mailing Address <b>C/O RON R. EDWARDS 4777 LAKELAND HIGHLANDS RD LAKELAND FL 33813-3126</b>
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3. Date Incorporated or Qualified <b>01/24/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-0838102</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**EDWARDS, RON R.  
4777 LAKELAND HIGHLANDS ROAD  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name <b>James T. Marshall</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>4777 Lakeland Highlands Road</b>
83
84 City <b>Lakeland</b>
85 Zip Code <b>FL 33813</b>

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: James T. Marshall **May 1, 1997**

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	PD	<input type="checkbox"/> DELETE
NAME	<b>DENNIS, LARRY D.</b>	
STREET ADDRESS	<b>4777 LKLAND HIGHLAND RD</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>EDWARDS, RON R.</b>	
STREET ADDRESS	<b>4777 LKLAND HIGHLAND RD</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>MARSHALL, JAMES T.</b>	
STREET ADDRESS	<b>4777 LKLAND HIGHLAND RD</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRINKMAN, EARL</b>	
STREET ADDRESS	<b>4777 LAKELAND HIGHLND RD</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>SD Dove, Joelle E.</b>
5.3 STREET ADDRESS	<b>4777 Lakeland Highlands Road</b>
5.4 CITY - ST - ZIP	<b>Lakeland, FL 33813</b>
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 do 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: James T. Marshall **RECORDED** **May 1, 1997** (941)647-3518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053138

CR2E037 (9/96)