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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N01068

1. Corporation Name

HIGHLAND PARK CHURCH OF THE NAZARENE, INC.

Principal Place of Business

4777 LAKELAND HIGHLANDS RD
 LAKELAND FL 33813
 US

Mailing Address

4777 LAKELAND HIGHLANDS R
 LAKELAND FL 33813
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

26

01/24/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

27

59-0838102

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSHALL, JAMES T
4777 LAKELAND HIGHLANDS ROAD
LAKELAND FL 33813

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DENNIS, LARRY D.	
STREET ADDRESS	4777 LKLAND HIGHLAND RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LOVE, JOEL E	
STREET ADDRESS	4777 LAKELAND HIGHLANDS ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARSHALL, JAMES T.	
STREET ADDRESS	4777 LKLAND HIGHLAND RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Willison, Michael H.	
2.3 STREET ADDRESS	4777 Lakeland Highlands Road	
2.4 CITY-ST-ZIP	Lakeland FL	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature) 1-5-98 648-2686

Date

Daytime Phone #

CR2E037 (1/98)