

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90072 021 ****61.25

DOCUMENT # NO1159 OK (5)
1. Corporation Name

Lake Mary Church of the Nazarene, Inc.

Principal Place of Business

Mailing Address

171 Crystal Lake Ave.
Lake Mary FL 32746

same

2. Principal Place of Business

2a. Mailing Address

21 421 Longwood-Lk Mry Rd
Suite, Apt. #, etc.

26 P.O. Box 5680
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/31/1984

4. FEI Number

59-1981331

Applied For

Not Applicable

City & State

City & State

23 Lake Mary FL 32746
Zip Country

28 Lakeland FL 33807-5680
Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32746 25 USA

29 33807-5680 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Leonard, Larry L
207 Justin Way
Sanford FL 32773

81 Name

Gene Fuller

82 Street Address (P.O. Box Number is Not Acceptable)

4720 Cleveland Hgts. Blvd

83

84 City

Lakeland

FL

85 Zip Code

33813

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 Gene Fuller Gene Fuller

2/23/99

Signature, typed or printed name of registered agent, and date (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 ☒ DELETE
NAME Leonard, Larry
STREET ADDRESS 207 Justin Way
CITY-ST-ZIP Sanford FL 32773

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Gene Fuller
1.3 STREET ADDRESS 4642 Highlands Place Dr.
1.4 CITY-ST-ZIP Lakeland FL 33813

TITLE SD ☒ DELETE
NAME Driggers, Annette
STREET ADDRESS 171 7th St.
CITY-ST-ZIP Chuluota FL 32766

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME Larry Dennis
2.3 STREET ADDRESS 2004 Count Crt.
2.4 CITY-ST-ZIP Lakeland FL 33813

TITLE TD ☒ DELETE
NAME Newsome, Marci
STREET ADDRESS 811 Park Ave.
CITY-ST-ZIP Sanford FL 32773

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Stephen Egidio
3.3 STREET ADDRESS 4409 Hardenoak Trail
3.4 CITY-ST-ZIP Lakeland FL 33813

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Stephen C. Egidio Stephen C. Egidio

2/23/99

941-644-9331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)