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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05707

1. Corporation Name
FIRST CHURCH OF THE NAZARENE, WEST PALM BEACH, I NC.

Principal Place of Business FIRST CHURCH OF THE NAZARENE 5601 FOREST HILL BLVD. WEST PALM BEACH FL 33415 US	Mailing Address C/O REV. ROYCE WILKERSON 1712 BRESEE RD. WEST PALM BEACH FL 33415
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/17/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2374830
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Zip 30	

9. Name and Address of Current Registered Agent WILKERSON, REV. ROYCE 1675 BRESEE RD. WEST PALM BEACH FL 33415	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	WILKERSON, REV ROYCE D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1712 BRESEE RD	1.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	WOODY, GEORGE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 OHIO ST.	2.2 NAME	
STREET ADDRESS	LAKE WORTH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	BEUTER, RUTH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1615 WOODLAND AVE.	3.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	AVERILL, JOYCE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5128 PURDY LANE	4.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	WEAVER, STANLEY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2351 PINEWAY DR.	5.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.37(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: *Rev. Royce Wilkerson* DATE: 4.28.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)