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May 03, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N10657

1. Corporation Name

PORT ORANGE CHURCH OF THE NAZARENE, INC.

Principal Place of Business  
4705 CLYDE MORRIS BLVD  
PORT ORANGE FL 32119  
US

Mailing Address  
4705 CLYDE MORRIS BLVD  
PORT ORANGE FL 32119  
US

472426 - 90081 - 39



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1985	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI-Number 59-6543227	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip	
30. Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLAKELY, JACKIE 1471 CRAIG COURT PT. ORANGE FL 32119				81. Name RICHARD SHOOK			
				82. Street Address (P.O. Box Number is Not Acceptable) 1097 DONNELL DR			
				83.			
				84. City PORT ORANGE FL 85. Zip Code 32119			

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 RICHARD E. SHOOK  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE 4-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, BOB	1.2 NAME	
STREET ADDRESS	5628 DEVON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, VIRGIL	2.2 NAME	
STREET ADDRESS	5408 TURTON LANE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRED	3.2 NAME	CHUCK CLARK
STREET ADDRESS	57 ALAMANDA DR	3.3 STREET ADDRESS	5805 SOUTHPORT DR
CITY-ST-ZIP	ORMOND BEACH FL 32176	3.4 CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATHEY, PATSY	4.2 NAME	
STREET ADDRESS	2262 TURNBULL BAY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLETT, RON	5.2 NAME	
STREET ADDRESS	204 QUAKER RIDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 119.07(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: RONALD HOLLETT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE 1/5/99  
DAYTIME PHONE # 904-756-6251

CR2E037 (11/98)