

FILE NOW: FILING FEE IS \$61.25

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AND
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99 NOV 12 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADDITIONAL 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 Mailing Address
4705 CLYDE MORRIS BLVD. 4705 CLYDE MORRIS BLVD.
PORT ORANGE FL 32119 PORT ORANGE FL 32119
US US

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/13/1985
22	City & State	City & State	4. FEI Number
	Zip	Zip	59-6543227
23	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
			<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICHARD SHOOK 1097 DONNELL DRIVE PORT ORANGE FL 32119		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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																																
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>COX, BOB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5628 DEVON STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ORANGE FL 32127</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HAMILTON, VIRGIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5408 TURTON LANE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ORANGE FL 32127</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SMITH, FRED</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>57 ALAMANDA DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH FL 32176</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>NATHEY, PATSY</td> <td></td> </tr> 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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 C. Hollett Ronald Hollett, Treasurer 11/9/99 904-756-6251

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

CRZE037 (1/98)



ACCOUNT NO. : 072100000032

REFERENCE : 478801 82475A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : \$ 61.25

ORDER DATE : November 11, 1999

ORDER TIME : 2:13 PM

ORDER NO. : 478801-005

CUSTOMER NO: 82475A

CUSTOMER: Robert Abraham, Esq
Robert Abraham, P.a.
347 South Ridgewood Avenue

Daytona Beach, FL 32114

ANNUAL REPORT FILING

NAME: PORT ORANGE CHURCH OF THE NAZARENE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: [mirrored text]

99 NOV 15 AM 10:44

RECEIVED

EXAMINER'S INITIALS: _____

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99 NOV 12 AM 9:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESUBMIT

Please give original submission date as file date.