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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15259**

(7)

1. Corporation Name

BONIFAY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

**402 EAST NORTH AVENUE
BONIFAY FL 32425**

Mailing Address

**402 EAST NORTH AVENUE
BONIFAY FL 32425**

3. Date Incorporated or Qualified

06/04/1986

4. FEI Number

59-6543218

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRKLAND, KENNETH A.
402 E NORTH AVE
BONIFAY FL 32425**

81 Name

CLEM, FRED M.

82

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

402 E NORTH AVE

83

84

City

BONIFAY

FL

85

Zip Code

32425

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]
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	TD	<input type="checkbox"/> DELETE
NAME	MARLEY, MARVIN	
STREET ADDRESS	3980 HWY 273	
CITY-ST-ZIP	GRACEVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUCAS, MARTHA	
STREET ADDRESS	RT 1 BOX 1170	
CITY-ST-ZIP	BONIFAY FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	FARRIS, HARLON	
STREET ADDRESS	993 2ND AVE	
CITY-ST-ZIP	GRACEVILLE FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KIRKLAND, KENNETH	
STREET ADDRESS	402 E NORTH AVE	
CITY-ST-ZIP	BONIFAY FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	CRUTCHFIELD, DEBBIE	
STREET ADDRESS	RT 3 BOX 1148	
CITY-ST-ZIP	BONIFAY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRUTCHFIELD, CHARLES	
STREET ADDRESS	RT 3 BX 1148	
CITY-ST-ZIP	BONIFAY FL	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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

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

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

<input type="checkbox"/> Change <input type="checkbox"/> Addition

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D
JUSTIN JORDAN, JUSTIN
RT 2 Box 372
BONIFAY FL 32425

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P
402 E NORTH AVE
BONIFAY FL 32425

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S/D

<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *M.C. MARLEY* TREASURER

1-12-98

(850) 638-7646

CR2E037 (10/97)