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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 # N16065

1. Corporation Name

**FIRST CHURCH OF THE NAZARENE OF MACCLENNY FLORID
 A, INC.**

Principal Place of Business

380 NORTH LOUDER
 MACCLENNY FL 32063

Mailing Address

P.O. BOX 1077
 MACCLENNY FL 32063
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/28/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2255783	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

FARBER, REV. JAMES
573 E. MACCLENNY AVENUE
MACCLENNY FL 32063

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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, 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 '2	
TITLE	DT	1.1 TITLE	ROBERTS ABIGAIL H - T
NAME	ROBERTS, ABIGAIL H	1.2 NAME	729 PARK ST
STREET ADDRESS	729 PARK ST	1.3 STREET ADDRESS	GLEN ST MARY FL 32040
CITY-ST-ZIP	GLEN ST MARY FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	NOEL CRESSMAN Tr
NAME	SHEDD, PAULA	2.2 NAME	954 MAGNOLIA ST
STREET ADDRESS	3 ST MARY'S CIRCLE S	2.3 STREET ADDRESS	MACCLENNY FL 32063
CITY-ST-ZIP	MACC FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	TODD FARBER Tr
NAME	BASS, REV. MARTIN J.	3.2 NAME	PO BOX 1234 N/A
STREET ADDRESS	RT 2 BOX 150	3.3 STREET ADDRESS	GLEN ST MARY FL 32040
CITY-ST-ZIP	GLEN ST. MARY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	SHEDD, MICHAEL - Tr
NAME	SHEDD, MICHAEL	4.2 NAME	3 ST. MARY'S CIRCLE S
STREET ADDRESS	3 ST MARY'S CIRCLE S	4.3 STREET ADDRESS	MACCLENNY FL 32063
CITY-ST-ZIP	MACC FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	JANA CREWS - S
NAME	ROBERTS, BOB	5.2 NAME	PO BOX 401 N/A
STREET ADDRESS	P.O. BOX 729 NA	5.3 STREET ADDRESS	GLEN ST MARY, FL 32040
CITY-ST-ZIP	GLEN ST. MARY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Abigail H. Roberts ABIGAIL H. ROBERTS 2/10/99 904-259-4669

CR2E037 (11/98)