

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 30 1998 8:00am  
 Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18039 (0)**

1. Corporation Name  
**FIRST CHURCH OF THE NAZARENE OF AUBURDALE, FLORIDA INC.**

Principal Place of Business <b>302 BRIDGERS AVE.</b> <del>P.O. BOX 720</del> <b>AUBURDALE FL 33823-2609</b> US	Mailing Address <b>302 BRIDGERS</b> <del>P.O. BOX 720</del> <b>AUBURDALE FL 33823-2609</b> US
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3. Date Incorporated or Qualified  
**12/03/1986**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Yes  Not Applicable

21. Principal Place of Business <b>302 BRIDGERS AVE.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>302 BRIDGERS AVE.</b> Suite, Apt. #, etc.
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State <b>AUBURDALE, FL</b>	27. City & State <b>AUBURDALE, FL</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip <b>33823-2609</b>	25. Country <b>US</b>	28. Zip <b>33823-2609</b>	30. Country <b>US</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**BOWDOIN, MARY**  
**709 1/2 GREAT BARFORD**  
**AUBURDALE FL 33823**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BASS, JOHN B	
STREET ADDRESS	714 FINNEY STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLAND, ALICE	
STREET ADDRESS	709 GREAT BARFORD	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOWDOIN, MARY	
STREET ADDRESS	709 1/2 GREAT BARFORD	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, MIRIAM	
STREET ADDRESS	1080 HALF ACRE RD.	
CITY-ST-ZIP	AUBURDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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: *John B. Bass, PASTOR/DIRECTOR* Date: 9-17-98 Daytime Phone #: (941) 967-9279

CR2E037 (5/98)