NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90002 042 ****61.25

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DOCUMENT # N18039

Corporation Name

FIRST CHURCH OF THE NAZARENE OF AUBURNDALE, FLOR IDA INC.

Principal Place of Business 302 BRIDGERS AVE. AUBURNDALE FL 33823-2609 US

2. Principal Place of Business

21

Mailing Address

302 BRIDGERS

2a. Mailing Address

AUBURNDALE FL 33823-2609

US

26

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3. Date Incorporated or Qualifed

12/03/1986

Suite, Apt.	#, etc. Suite, Apt. #, etc.					4. FEI Number		Apr	lied For	
22	27					NOT APPLICABLE		Not	Applicable	
City & Stat	e	City & State				Cartifacta of Status Desired		\$8.75 A	dditional	
23	28					5. Certifcate of Status Desired		Fee Red	quired	
Zip	Country Zip C			Country		Election Campaign Financing		\$5.00	May Be	
24	25 29 30			Trust Fund Contribution			Ц	Added to		
	9. Name and Address of Currer	nt Registered Agent			10	. Name and Address of New F	Registered	Agent		
			8	Name						
BOWDOIN, MARY				BASS, JOHN P. Street Address (P.O. Box Number is Not Acceptable)						
709 1/2 GREAT BARFORD				82 Street Address (P.O. Box Number is Not Acceptable) 714 Finney Street						
• • • • • • • •				83						
AUBURNDALE FL 33823				T. J. T. Z. T. Z. T.						
			8	City		T 3 3 5 75	FL	85 Zip C)	
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 nereby accept the appointment as registered										
agent. I a	m familiar with, and accept the obliga	ations of Section 617.0503, Florida	a Statu <u>t</u>	es. B. Bass		1 Ala	1400	?	Í	
SIGNATURE	Jan D.	Lace	F	D gent signature requir		May 7	1 / 7			
12.	Signature, 17 ed or printed name of registered age	IND DIRECTORS	13.	gent signature requi	irea wilei	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12	
TITLE	PD OFFICERS AI	□ DELETE	1.1 TITL					[] Change	Addition	
	BASS, JOHN B		1.2 NAM	_						
				1.3 STREET ADDRESS						
CITY-ST-ZIP	LAKELAND FL	☐ DELETE		-ST-ZIP				Change	Addition	
TITLE	U ALIO	□ Delete	2.1 T/TLI							
NAME	TODITO, ADOL			2.2 NAME					Ì	
STREET ADDRESS			•	2.3 STREET ADDRESS					ļ	
CITY-ST-ZIP	AUBURNDALE FL	C not exe		r-ST-ZIP				[] Change	Addition	
TITLE	STD	☐ DELETE	3.1 TITL	Ì				Change	☐ A0GIIOII	
NAME	BOWDOIN, MARY			3.2 NAME					İ	
STREET ADDRESS	00 1/2 0(121) 0/11 0/10			3 STREET ADDRESS						
CITY-ST-ZIP	AUBURNDALE FL		3.4. CITY	/-ST-ZIP					Free A 1 11th	
TITLE	D	☐ DELETE	4.1 TITL	E				Change	Addition	
NAME	DOUGLAS, MIRIAM		4. 2 NAM	AE						
STREET ADDRESS	1060 HALF ACRE RD.			EET ADDRESS					ł	
CITY-ST-ZIP	AUBURNDALE FL		4.4 CITY	-ST-ZIP						
TITLE		☐ DELETE	5.1 TITL	E				Change	Addition \	
NAME			5.2 NAM	E					}	
STREET ADDRESS			5.3 STR	EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ DELETE	6.1 TITL	E				Change	☐ Addition	
NAME			6.2 NAM	E						
STREET ADDRESS			6.3 STR	EET ADDRESS						
CITY-ST-ZIP			6.4 CITY	- ST- ZIP						
			_			- 440 07(3)(i) Florido Ctotutos				

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 or this 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 OF

PD

May 7, 1999

Daytime Phone #

CR2E037 (11/98)