


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90050 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18093

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

Principal Place of Business 3732 N.E. 7TH STREET OCALA FL 32671-1044	Mailing Address 3732 N.E. 7TH STREET OCALA FL 32671-1044
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/05/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6543215 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent <b>DUNLAP, BARRY L 5164 S.E. 27TH ST. OCALA FL 34471</b>	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 <b>FL</b>
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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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>TR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MILLER, WAYNE</b>		1.2 NAME <b>Hoffer, PAUL</b>	
STREET ADDRESS <b>3565 NE 42ND PL</b>		1.3 STREET ADDRESS <b>4280 SE 24TH TER</b>	
CITY-ST-ZIP <b>OCALA FL</b>		1.4 CITY-ST-ZIP <b>OCALA FL 32671</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STOCKMASTER, ERWIN</b>		2.2 NAME	
STREET ADDRESS <b>1701-C W GLENEAGLES RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>TR</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOYD, WILLIAM</b>		3.2 NAME	
STREET ADDRESS <b>4255 S.E. 54TH ST.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUNLAP, BARRY</b>		4.2 NAME	
STREET ADDRESS <b>5164 S.E. 27TH ST.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>TR</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHULER, WALTER</b>		5.2 NAME	
STREET ADDRESS <b>712 N.E. 39TH CT.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Barry L Dunlap 1-7-99 (352) 694-2334

CE037 (11/98)