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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19929

1. Corporation Name

DELTONA CHURCH OF THE NAZARENE, INC.

Principal Place of Business

1420 COURTLAND BLVD
 DELTONA FL 32738
 US

Mailing Address

1420 COURTLAND BLVD
 DELTONA FL 32738
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/02/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-6543225

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUEEN, ALAN
 1506 CHATSWORTH AVENUE
 DELTONA FL 32738

81 Name

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

83

84 City

FL

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

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 D DELETE
 NAME NEWBREY, MARJORIE
 STREET ADDRESS 1184 W EMBASSY DR
 CITY-ST-ZIP DELTONA FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 2515 Enterprise Rd Apt 42
 1.4 CITY-ST-ZIP Orange City FL 32763

TITLE TD DELETE
 NAME WITTMAN, JOYCE
 STREET ADDRESS 108 LIVE OAK DRIVE
 CITY-ST-ZIP DELAND FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 2218 Abbott Woods Lane
 2.4 CITY-ST-ZIP Orange City FL 32763

TITLE D DELETE
 NAME JOINER, JIM
 STREET ADDRESS 440 KINGWAY DR.
 CITY-ST-ZIP DELTONA FL

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

TITLE SD DELETE
 NAME POELCHER, JEANNINE
 STREET ADDRESS 3287 BUCKLAND STREET
 CITY-ST-ZIP DELTONA FL

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

TITLE P DELETE
 NAME QUEEN, ALAN
 STREET ADDRESS 1506 CHATSWORTH AVENUE
 CITY-ST-ZIP DELTONA FL

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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)(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:

Alan Queen SIGNATURE REQUIRED

5-1-99

407-574-7828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)