

FILE NOW: FILING FEE IS \$61.25

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

05-10-1999 90253 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N 25942** ✓
 1. Corporation Name
 Christian Development Center A Church of the Nazarene, Inc.

5 3 8 4 6
 538476 - 90253 - 44

Principal Place of Business Mailing Address
 40 Marty Fillingim 40 Marty Fillingim
 343 Nail St NE 343 Nail St, NE
 Palm Bay, FL 32907-8554 Palm Bay, FL 32907-8554

21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04-18-1988	
23	City & State	27	City & State	4.	FEI Number
24	Zip	28	Zip	59-2824359	Applied For
25	Country	29	Country		Not Applicable
30		30		5.	Certificate of Status Desired
				<input type="checkbox"/>	\$8.75 Additional Fee Required
				6.	Election Campaign Financing Trust Fund Contribution
				<input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
Schulze, Paul				81	Name			
451 Almansa St. NE				82	Street Address (P.O. Box Number is Not Acceptable)			
Palm Bay, FL 32907				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 Paul W. Schulze DATE 4-29-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	C Rowan, Stuart E	1.2	NAME				
STREET ADDRESS	3705 Peacock Dr.	1.3	STREET ADDRESS				
CITY-ST-ZIP	Melbourne, FL 32904	1.4	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE	2.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	S.D. Schulze, Paul	2.2	NAME				
STREET ADDRESS	451 Almansa St. NE	2.3	STREET ADDRESS				
CITY-ST-ZIP	Palm Bay, FL 32907	2.4	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE	3.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	T Baird, Michael	3.2	NAME				
STREET ADDRESS	799 Alencore Ave NW	3.3	STREET ADDRESS				
CITY-ST-ZIP	Palm Bay, FL 32907	3.4	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE	4.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	D Curry, Peggy	4.2	NAME				
STREET ADDRESS	833 Helm Ave NW	4.3	STREET ADDRESS				
CITY-ST-ZIP	Palm Bay, FL 32907	4.4	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE	5.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	D Rodriguez, Ruth	5.2	NAME				
STREET ADDRESS	966 Hood St. NW	5.3	STREET ADDRESS				
CITY-ST-ZIP	Palm Bay, FL 32907	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: [Signature] DATE: 4/29/99 DAYTIME PHONE #: 407-984-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)