FILE NOW: FILING FEE IS \$61.25

NONP	ROFIT
CORPO	RATION
ANNUAL	REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N27625 (5) LAND O' LAKES CHURCH OF THE NAZARENE, INC.						i						
Principal Plac	e of Business	3	Mailing Ad	ddress				-				
4241 ALPINE LAND O' LA	FROAD Kes Fl 3463	9		PINE ROAD ' LAKES FL 34	1639							
	·								 Date Incorporated or Qualified 07/27/1988 		ate of Last 08/07/1	
2. Principal P	iace of Busin	ess	2a. Mailing	g Address			•		4. FEI Number	 -		Applied For
Suite, Apt.	#. etc.	··	26 Suite	Apt. #, etc.					59-3019176			Not Applicable
22	, 0.0.		27	Apr. #, 6tc.					5. Certificate of Status Desired		•	Additional Required
City & Stat	е		City &	State					6. Election Campaign Financing			O May Be
23			28						Trust Fund Contribution			d to Fees
Zip 24		Country	Zip		\vdash	ountry			8. This corporation has liability for			199.032,
24	9. Name	25 and Address of Curre	29 ent Registered A	ment	30	-				☐ Yes 🎗		
			Jil Hogistorea A	gont		61	Name		10. Name and Address of New	Registered	Agent	
BARTON	N. DAVE											
	PINE ROAL)				B2	Street	Address	(P.O. Box Number is Not Accepta	ole)		
	LAKES FI					B 3				···	***	
							A11		· · · · · · · · · · · · · · · · · · ·			
						84	City			FL	1 1 '	Code
11. Pursuant or registe	to the provisi	ons of Sections 617.050	02 and 617.1508,	Florida Statut	es, the a	bove-n	amed co	orporatio	in submits this statement for the purificulty directors. I hereby accept the app		inging its re	egistered office
familiar w	ith, and acce	of the obligations of, Se	ction 617.0503, F	lorida Statutes	eu by na i.	e corpo	oration s	board c	of directors, it hereby accept the app	iointment as	registered	agent. I am
SIGNATURE	- <u>-</u>											
12.	Signature, typed	or printed name of registered age	ND DIRECTORS	(NC	TE: Registe		t signature i	equired wh	en reinstating)	DATE	DIDEOTO	20 114 40
TITLE	P	0,,,02,107,		DELETE		TITLE		r	ADDITIONS/CHANGES TO OF		Change	Addition
NAME	BARTON	I, DAVE	•	_		NAME					_1 cuanta	T Vanimon
STREET ADDRESS		PINE RD.			1.3	STREET	ADDRESS	ŀ				
CITY-ST-ZIP	LAND 0	'LAKES FL 34639				CITY-S1						
TITLE	SD		1	DELETE	2.1	TITLE		1			Change	Addition
NAME	BARTON	•			2.2	NAME						
STREET ADDRESS		PINE DR.			23	STREET	ADDRESS					
CITY-ST-ZIP		'LAKES FL 34639			2.4	CITY-S	T-ZIP					
TITLE NAME	td Brisben	S EINIDA	4	DELETE		TITLE		TD,	an Y. Fontanez)	Change	Addition
STREET ADDRESS		OBINHOOD RD.				NAME		11111	m Waters Flow B	hid.		
CITY-ST-ZIP		N FL 34669					ADDRESS	100	oi waters Edge B nd O'Lakes, FL 3	11/20	>	i
TITLE	D	112 01000		DELETE		CITY-S	I-ZIP	La	na v hanes jet s		Change	E) Addition
NAME	BRISBEN	I, ALFIE				NAME				L	_ viialige	☐ Addition
STREET ADDRESS	12008 R	OBINHOOD RD.					ADORESS					İ
CITY-ST-ZIP	HUDSON	N FL 34669			4.4	CITY-ST	- ZIP					
TITLE				DELETE		TITLE					Change	Addition
NAME					5.2	NAME						
STREET ADDRESS					5.3	STREET A	address					ļ
CITY-ST-ZIP				Inc. c*r		CHTY-ST	-ZIP					
TITLE NAME			L	DELETE		TITLE					_ Change	Addition
STREET ADDRESS						NAME OTOSCY A	I DADESS					
CITY-ST-ZIP							ADORESS					
	y certify that t	the Information supplied	with this filing is v	oluntarily furni	shed and	CITY-ST d does	not qua	lify for th	e exemption stated in Section 119.	07/3)(k) Fior	ida Statute	e I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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.

GNATURE:

| GNATURE: | David | D

SIGNATURE: