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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90022 026 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29715

1. Corporation Name

CHURCH OF THE NAZARENE OF TAVARES, INC.

Principal Place of Business

32151 MERRY RD.
 P.O. BOX 1048
 TAVARES FL 32778-8048

Mailing Address

32151 MERRY RD.
 P.O. BOX 1048
 TAVARES FL 32778-8048



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	12/14/1988
23. City & State	27. City & State	4. FEI Number
24. Zip Country	28. Zip Country	59-2911684
		Applied For
		Not Applicable
		5. Certificate of Status Desired <input checked="" 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
BAIRD LOREN F 525 JOHNS AVENUE MT. DORA FL 32757	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	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 Loren F Baird DATE 2-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD HAYEN, W	1.1 TITLE	
NAME	1251 S PINEAPPLE LN	1.2 NAME	
STREET ADDRESS	EUSTIS FL 32726	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD RODGERS, G	2.1 TITLE	
NAME	25929 ZINNIA LN	2.2 NAME	
STREET ADDRESS	ASTATULA FL 34705	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD JENKINS, J	3.1 TITLE	
NAME	28500 HAZEL TOP CT	3.2 NAME	
STREET ADDRESS	LEESBURGH FL 34788	3.3 STREET ADDRESS	Leesburg
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD ANGEL KEVIN M	4.1 TITLE	
NAME	1358 JACK STREET	4.2 NAME	Pastor Bloomfield, R. David
STREET ADDRESS	TAVARES FL	4.3 STREET ADDRESS	17636 Kirkland Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Montverde, FL 34756
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: R. David Bloomfield DATE: 2-28-99 DAYTIME PHONE #: 407-469-3678

CR2E037 (1-1/98)