


FILE NOW: FILING FEE IS \$61.25

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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29752** (5)

1. Corporation Name

CENTRAL CHURCH OF THE NAZARENE OF LAKELAND, FLORIDA, INC.

Principal Place of Business

Mailing Address

**412 NORTH MASSACHUSETTS AVENUE
LAKELAND FL 33801**

**412 NORTH MASSACHUSETTS AVENUE
LAKELAND FL 33801-4836**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1988		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 59-2184234		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, PAUL
599 NORTHRIDE TR.
LAKELAND FL 33813**

81 Name	SESSOMS, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable)	599 NORTHRIDE TR.
83	LAKELAND, FL 33813
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 William Sessoms Pastor William Sessoms 6-4-97
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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, PAUL J.	1.2 NAME	SESSOMS, WILLIAM
STREET ADDRESS	599 NORTHRIDE TRAIL	1.3 STREET ADDRESS	599 NORTHRIDE TR.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN, LOIS	2.2 NAME	
STREET ADDRESS	1270 PORTLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	
TITLE	TT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTHORNE, CHARLES	3.2 NAME	
STREET ADDRESS	3118 JULIA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRIES, BEN	4.2 NAME	
STREET ADDRESS	712 FORREST LAKE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINDALE, HAROLD	5.2 NAME	KEYS, FRANK
STREET ADDRESS	225 CITRONELLE CT	5.3 STREET ADDRESS	436 SKYLINE DR. WEST
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	LAKELAND, FL 33801
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 do 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.

SIGNATURE William Sessoms 6-4-97

CR2E037 (9/96)