

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$41.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

APPROVED  
AND  
FILED

99 OCT 19 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N29752

1. Corporation Name  
CENTRAL CHURCH OF THE NAZARENE OF LAKE LAND, FLORIDA, INC.

Principal Place of Business: 412 NORTH MASSACHUSETTS AVENUE, LAKE LAND, FL. 33601  
 Mailing Address: 412 NORTH MASSACHUSETTS AVENUE, LAKE LAND, FL. 33601



8-18-99 90006 001

21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/15/1988
City & State	City & State	4. FEI Number
Zip	Country	59-2184234
24. Name and Address of Current Registered Agent	25. Name and Address of New Registered Agent	5. Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. State	86. Zip Code
SESSOMS, WILLIAM	599 NORTHRIDE TRAIL		LAKELAND FL	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *Stephen M. Joiner* DATE: 8-12-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SESSOMS, WILLIAM	1.2 NAME	Pastor, Stephen M. Joiner
STREET ADDRESS	599 NORTHRIDE TRAIL	1.3 STREET ADDRESS	599 Northride Tr
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, Fla 33813
TITLE	ST	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHUMAN, LOIS	2.2 NAME	Earl Mullet - 4813 Shady Glen Dr.
STREET ADDRESS	1270 PORTLAND AVE	2.3 STREET ADDRESS	Lakeland, FL 33810
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	
TITLE	TT	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HINTHORNE, CHARLES	3.2 NAME	Roy Holloway - 2331 View Way Dr.
STREET ADDRESS	7830 DELMONT LOOP	3.3 STREET ADDRESS	Lakeland, FL 33810
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KEYS, FRANK	5.2 NAME	
STREET ADDRESS	436 SKYLINE DR. WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 supplementary 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; that I am 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen M. Joiner* DATE: 8-12-99

CR2E037 (5/99)