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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N30824

1. Corporation Name

THE WESLEY CHAPEL CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

34106 SR 54 WEST
 C/O REV. EUGENE RATZ
 ZEPHYRHILLS FL 33543-9118

34106 SR 54 WEST
 C/O REV. EUGENE RATZ
 ZEPHYRHILLS FL 33543-9118



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/23/1989

22 City & State

27 City & State

4. FEI Number

Applied For

59-2952541

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24

25

Country

29

Country

30

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EUGENE A. RATZ
 37601 AURIC TERRACE
 34106 SR 54 WEST
 ZEPHYRHILLS FL 33543

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Rev. Eugene A. Ratz

5/11/99

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 **D** DELETE
 NAME **SMITH, MICHAEL**
 STREET ADDRESS **39028 KIRKLAND AVENUE**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

1.1 TITLE **D** Change Addition
 1.2 NAME **CARD, HARRY**
 1.3 STREET ADDRESS **39543 Sun Valley Drive**
 1.4 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **S** DELETE
 NAME **DAVIS, ANNA L**
 STREET ADDRESS **37917 TABITHA DR**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

2.1 TITLE **D** Change Addition
 2.2 NAME **ELLIOTT, JAMES**
 2.3 STREET ADDRESS **3822 Damien Drive**
 2.4 CITY-ST-ZIP **Zephyrhills, FL 33541**

TITLE **D** DELETE
 NAME **HOFFMAN, JOHN**
 STREET ADDRESS **6746 STEPHENS PATH**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **RATZ, EUGENE A.**
 STREET ADDRESS **34106 SR 54 W**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

4.1 TITLE **D** Change Addition
 4.2 NAME **FERGUSON, GERALD**
 4.3 STREET ADDRESS **7135 El Rancho Way**
 4.4 CITY-ST-ZIP **Zephyrhills, FL 33541**

TITLE **D** DELETE
 NAME **GRAY, KAMES**
 STREET ADDRESS **4745 9TH ST**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 REQUIRED

Eugene A. Ratz

May 11/99

813-780-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)