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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N30952

Principal Place of Business	Mailing Address	
661 US 17 N	P.O. BOX 1750	
YULEE FL 32097	YULEE FL 32097	
US	υS	

FILED Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90070 008 ****61.25

 Corporation 	n Name				.						
NASSAU NAZARENE FELLOWSHIP, INC.						1 155121 90070 8					
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rincipal Place	e of Business	Mailing Address		<u></u>							
61 US 17 N		P.O. BOX 1750					 		ia dan masu a	HAN SIN BIN BIN BIN	DIL 111 15 (1115
ULEE FL 320	97	YULEE FL 32097 US			ł						
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. Principal P	lace of Business	2a. Mailing Address		 -	3	Date Incor	porated or	Qualifed			
	idos of Edolfioos	26			- 1	03/01/1					
Suite, Apt. #, etc. Suite, Apt. #, etc.					4	4. FEI Number					plied For
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City & Stat	е	City & State			5	. Certifcate	of Status E	Desired		\$8.75	
l		28								Fee Re	<u> </u>
Zip	Country	Zip	Cou	intry	6	Election C			. 🗆	\$5.00 Added 1	7 1
·	25)	29	30		10). Name and	Contributi		Registered		lo rees
	9. Name and Address of Current	redisteren Agent		81 Name		1101110 0110	, Acc. 1043	J, .1017			
				}							
,	RAYMOND			82 Street	Address ((P.O. Box Nu	ımber is No	ot Accept	able)		
5318 PLA				83							
JACKSON	MILLE FL 32211					<u> </u>				T (
				84 City					F	85 Zip (Ç0de
1. Dursuant	to the provisions of Sections 617.0502	2 and 617.1508. Florida Stati	utes, the a	bove-named	corporation	on submits th	nis stateme	nt for the	purpose o	of changing its	registered
- Francis	to the provisions of Sections 617.050. registered agent, or both, in the State of m familiar with, and accept the obligat	nt Florida Such channe was	AUTHONZEC	1 DV MA COID	oration's l	board of dire	ctors. I her	eby acce	pt the app	ointment as re	gistered
_	m familiar with, and accept the obligat	ions on Section on tools, in	·	u.u.g.						,	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered	Agent signature r	required wher	n reinstating)			DATE		
2.	OFFICERS AN	D DIRECTORS	13.					S TO O	FICERS A	ND DIRECTO	
MLE	PD	☐ DELETE	1,1 रा	TLE	Sec	retar	Ym.		10	☐ Change	Addition
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TREET ADDRESS			3.2 N	AME	BA	nbara	Eth	CL			
	5711 KENNERLY RD			AME TREET ADORESS	I la l	(12)	65 7	54		2 200	
ITY-ST-ZIP	5711 KENNERLY RD JACKSONVILLE FL		1.3 ST	TREET ADORESS	I la l	CKSON	65 7	54		2208	Addition
ITY-ST-ZIP TILE	1 7	☐ DELETE	1.3 ST	TREET ADORESS	I la l	(12)	65 7	54		2.208 Change	☐ Addition
	JACKSONVILLE FL VD WOLLITZ, RAYMOND	☐ DELETE	1.3 ST 1.4 CF 2.1 T/ 2.2 N/	TREET ADORESS ITY-ST-ZIP TLE AME	I la l	(12)	65 7	54		2.208 	☐ Addition
m.£	JACKSONVILLE FL VD WOLLITZ, RAYMOND 5318 PLAYA WAY	☐ DELETE	1.3 ST 1.4 CF 2.1 T/ 2.2 N/	TREET ADORESS STY-ST-ZIP TLE	I la l	(12)	65 7	54		2.208 	Addition
TTLE IAME TREET ADDRESS TTY-ST-ZIP	JACKSONVILLE FL VD WOLLITZ, RAYMOND		1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 C	TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	I la l	(12)	65 7	54			 ,
ITLE IAME ITREET ADORESS ITY-ST-ZIP ITLE	JACKSONVILLE FL VD WOLLITZ, RAYMOND 5318 PLAYA WAY JACKSONVILLE FL D	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 CI 3.1 TI	TREET ADORESS ITY-ST-ZIP TLE AME TREET ADORESS ITY-ST-ZIP TLE	I la l	(12)	65 7	54		Z Z O S Change	Addition
ITLE IAME TREET ADDRESS STY-ST-ZIP ITLE IAME	JACKSONVILLE FL VD WOLLITZ, RAYMOND 5318 PLAYA WAY JACKSONVILLE FL D RAILEY, CLYDE		1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV	TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	I la l	(12)	65 7	54			 ,
ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS	JACKSONVILLE FL VD WOLLITZ, RAYMOND 5318 PLAYA WAY JACKSONVILLE FL D RAILEY, CLYDE 2521 EVERSOL RD.		1.3 ST 1.4 CE 2.1 TF 2.2 NV 2.3 ST 2.4 C 3.1 TF 3.2 Nv 3.3 ST	TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	I la l	(12)	65 7	57			
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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: