FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N32912

(0)

ST. PETERSBURG FIRST CHURCH OF THE NAZARENE. INC

FILED Jan 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						
% RALPH MOSGROVE 7536 17TH LANE NORTH ST. PETERSBURG FL 33702 % RALPH MOSGROVE 7536 17TH LANE NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702						3. Date Incorporated or Qualified 06/20/1989 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address						59-1522524 Not Applicable
21 26						5. Certificate of Status Desired
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be
22						Trust Fund Contribution
City & State City & State						7. Is this nonprofit corporation a homeowners association?
		28				☐ Yes ☐ No
Zip 24				Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
241	25 9. Name and Address of Curren	29 t Registered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
				81	Name	
MOSGROVE, RALPH (REV)				00	Chun na Anla	drage (D.O. Day Niverbox in Net (constability)
1225 9TH AVE., N.				82 Street Address (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33705			ĺ	83		
			}	84	City 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.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	DELETE	1.1 Til	LE		Change Addition
NAME	MOSGROVE, ELSIE	1,2 NA		ME	ŀ	į.
STREET ADDRESS			1.3 STI	REET	ADDRESS	Ĭ
CITY-ST-ZIP	ST. PETERSBURG FL				Γ-ZîP	
TITLE	D MCCUE TANKA	☐ DELETE	_ 2.1 TIT			Change Addition C
NAME	MCCUE, TWILA 3239 71ST STREET NORTH		2.2 NA			
STREET ADDRESS	ST. PETERSBURG FL 33710				ADDRESS	ţ
CITY-ST-ZIP TITLE	D	DELETE	DELETE 3.1 TITLE		1 - ZIP	☐ Change ☐ Addition
NAME	PARKER, DORIS		3.2 NA			
STREET ADDRESS	0000 5071 075577 11 4010				ADDRESS	
CITY-ST-ZIP	OT DETEROPURA EL COZA		3.4. CIT	TY-S	T-ZIP	
TITLE	P	DELETE	4.1 TIT	LE		☐ Change ☐ Addition
NAME	MOSGROVE, RALPH		4. 2 NA	ME		
STREET ADDRESS	7536 17TH LANE N.		4,3 STF	REET	ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CIT		- ZIP	
TITLE		DELETE	5,1 TITI			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 C(T 6.1 T(T)		-ZIP	Change Addition
NAME			6.2 NAM			Change Addition
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CIT		į	
	ertify that the information supplied wit	h this filing does not qualify				Section 119.07(3)(i), Florida Statutes, I further certify that the information

• I needy certify that the information supplied with this filling does not quality 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 eath; 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 an attachment with an address.

SIGNATURE:

agah Withness Tora EC

1/12/98

813-528-9229