

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N38316 (8)
1. Corporation Name
COMMUNITY CHURCH OF THE NAZARENE OF RUSKIN, INC.



Principal Place of Business 501 2ND ST., S.E. RUSKIN FL 33570 US	Mailing Address P.O. BOX 758 RUSKIN FL 33570
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified 05/23/1990	4. FEI Number 59-1699985	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent OLIVER, WM. CHARLES 2036 CHARNES DR LAKELAND FL 33813

10. Name and Address of New Registered Agent 81 Name OLIVER, WM CHARLES 82 Street Address (P.O. Box Number is Not Acceptable) 730 FOX HILLS DRIVE 83 City 84 SUN CITY CENTER, FL 85 Zip Code 33573

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 Wm Charles Oliver, President April 24, 1998
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D FRANKLIN, JAMES
STREET ADDRESS	515 APOLLO BCH BLVD.
CITY-ST-ZIP	APOLLO BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D RUSSELL, BIBBY
STREET ADDRESS	1733 S PEBBLE BEACH
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CHAMBERLAIN, OSCAR
STREET ADDRESS	13850 HIGHLAND
CITY-ST-ZIP	PARRISH FL 34219
TITLE	<input type="checkbox"/> DELETE
NAME	P OLIVER, WM CHARLES
STREET ADDRESS	2036 CHARNES DR
CITY-ST-ZIP	LAKELAND FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D PETITT, MABEL
STREET ADDRESS	602 WOODLAND EST. #20
CITY-ST-ZIP	RUSKIN FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ROBERTS, SUE
STREET ADDRESS	910 EL RANCHO DR.
CITY-ST-ZIP	SUN CITY CENTER FL 33573

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P Oliver, Wm Charles
4.3 STREET ADDRESS	730 Fox Hills Drive
4.4 CITY-ST-ZIP	Sun City Center, FL 33573
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D OUZMAN, HELEN
5.3 STREET ADDRESS	706 JOHNSON DR, RUSKIN, FL 33570
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D FLANNERY, JUDY
6.3 STREET ADDRESS	208 2nd Avenue, S.E.
6.4 CITY-ST-ZIP	Ruskin, FL 33570

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.

SIGNATURE: Helen Ouzman Secretary 4/24/98 813-645-1142

CR2E037 (10/97)