

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90027 031 ****61.25

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DOCUMENT # N38316

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

2a. Mailing Address

3. Date Incorporated or Qualified

05/23/1990

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1699985

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, WM. CHARLES
730 FOX HILLS DRIVE
SUN CITY CENTER FL 33573

81 Name

Dennis G. Woods Jr.

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

83

2d 4th Ave. S.E.

84

Ruskin

FL

85 Zip Code
33570

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

Dennis Woods Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FRANKLIN, JAMES
STREET ADDRESS 515 APOLLO BCH BLVD.
CITY-ST-ZIP APOLLO BCH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME RUSSELL, BIBBY
STREET ADDRESS 1733 S PEBBLE BEACH
CITY-ST-ZIP SUN CITY CENTER FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME CHAMBERLAIN, OSCAR
STREET ADDRESS 13850 HIGHLAND
CITY-ST-ZIP PARRISH FL 34219

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

☐ Change ☒ Addition

TITLE P ☒ DELETE
NAME OLIVER, WM CHARLES
STREET ADDRESS 2036 CHARNES DR
CITY-ST-ZIP LAKELAND FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☒ Addition

TITLE P ☒ DELETE
NAME OLIVER, WM CHARLES
STREET ADDRESS 730 FOX HILLS DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

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

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME OUZMAN, HELEN
STREET ADDRESS 706 JOHNSON DRIVE
CITY-ST-ZIP RUSKIN FL 33570

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Dennis Woods Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

Date

813-641-2128

Daytime Phone #

CR2E037 (11/98)