

FILE NOW: FILING FEE IS \$61.25

FILED

**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45986 (9)
 1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF SARASOTA INC.



Principal Place of Business 3375 FRUITVILLE ROAD SARASOTA FL 34237	Mailing Address 3375 FRUITVILLE ROAD SARASOTA FL 34237
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3. Date Incorporated or Qualified 11/12/1991	
4. FEI Number 59-1572939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**LECRECIA WILSON
1714 COLLEEN ST
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY BAUCOM, CHAIRMAN	1.2 NAME	C/D
STREET ADDRESS	4081 N. PRAIRE VIEW DR.	1.3 STREET ADDRESS	WILLIAM R. DODD
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	3375 FRUITVILLE ROAD
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	SARASOTA, FL 34237 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECRECIA WILSON	2.2 NAME	
STREET ADDRESS	1714 COLLEEN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD STILES, TREASURER	3.2 NAME	
STREET ADDRESS	1916 FERN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK HARKNESS	4.2 NAME	
STREET ADDRESS	415 L'AMBIANCE DRIVE, #B-802	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, RON	5.2 NAME	TR
STREET ADDRESS	4541 LINWOOD STREET	5.3 STREET ADDRESS	RAY WILSON
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	1714 COLLEEN ST
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SARASOTA, FL 34231 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ **Harold E. Stiles, Treasurer 4/29/98**

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