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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90030 017 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N45986**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/12/1991

4. FEI Number

59-1572939

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

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

FL

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  DELETE  
 NAME DODD, WILLIAM F.  
 STREET ADDRESS 3375 FRUITVILLE ROAD  
 CITY-ST-ZIP SARASOTA FL 34237

TITLE S  DELETE  
 NAME LECRECIA WILSON  
 STREET ADDRESS 1714 COLLEEN ST  
 CITY-ST-ZIP SARASOTA FL

TITLE T  DELETE  
 NAME HAROLD STILES, TREASURER  
 STREET ADDRESS 1916 FERN AVE.  
 CITY-ST-ZIP SARASOTA FL

TITLE T  DELETE  
 NAME JACK HARKNESS  
 STREET ADDRESS 415 L'AMBIANCE DRIVE, #B-802  
 CITY-ST-ZIP LONGBOAT KEY FL

TITLE TR  DELETE  
 NAME WILSON, RAY  
 STREET ADDRESS 1714 COLLEEN ST  
 CITY-ST-ZIP SARASOTA FL 34231

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

*William R. Dodd* REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99  
 Date

(941) 365-2654  
 Daytime Phone #

CR2E037 (1/98)