

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 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. # **N48540** (1)

1. Corporation Name

BUSHNELL, FLORIDA CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

P O BOX 1449
BUSHNELL FL 33513

P O BOX 1449
BUSHNELL FL 33513

3. Date Incorporated or Qualified

04/21/1992

4. FEI Number

59-3123031

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DOTSON, ALVA E.
1122 N. WEST STREET
BUSHNELL FL 33513**

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	T	<input type="checkbox"/> DELETE
NAME	FRITZLER, CARL	
STREET ADDRESS	12143 S.W WAY	
CITY - ST - ZIP	WEBSTER FL	

TITLE	TR	<input type="checkbox"/> DELETE
NAME	COLE, JANE	
STREET ADDRESS	1053 S.W 48TH AVE. ,P.O. BOX 1438	
CITY - ST - ZIP	BUSHNELL FL	

TITLE	TR	<input type="checkbox"/> DELETE
NAME	NORMAN, LARRY	
STREET ADDRESS	2863 CR 610, P.O. BOX 1514	
CITY - ST - ZIP	BUSHNELL FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOTSON, ALVA E.	
STREET ADDRESS	418 TUSTENUGGE DR.	
CITY - ST - ZIP	BUSHNELL FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	NORMAN, DORTHEA	
STREET ADDRESS	2863 CR 610, P.O. BOX 1514	
CITY - ST - ZIP	BUSHNELL FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	FIELDS, IONE S	
STREET ADDRESS	506 W NOBEL AVENUE LOT 106	
CITY - ST - ZIP	BUSHNELL FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Alva E. Dotson*

4-8-98 352 773 2344

CR2E037 (10/97)