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Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001674 (0)**  
1. Corporation Name

**NEW LIFE FELLOWSHIP CHURCH OF THE NAZARENE, INC.**



Principal Place of Business  
**3013 DEL PRADO BLVD.  
UNIT 13  
CAPE CORAL FL 33904**

Mailing Address  
**3013 DEL PRADO BLVD.  
UNIT 13  
CAPE CORAL FL 33904**

3. Date Incorporated or Qualified

**04/01/1994**

4. FEI Number

**65-0484244**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BISHOP, WILLIAM R  
3013 DEL PRADO BLVD.  
UNIT 13  
CAPE CORAL FL 33904**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE  
NAME **ANGLES, RONALD**  
STREET ADDRESS **5023 SW 26TH AVENUE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

1.1 TITLE **VD** Change ☒ Addition  
1.2 NAME **TINA CAUDLE**  
1.3 STREET ADDRESS **3711 S.W. 14TH PLACE**  
1.4 CITY-ST-ZIP **CAPE CORAL, FL. 33914**

TITLE **S** ☐ DELETE  
NAME **ELIAS, TIM**  
STREET ADDRESS **3416 S.W. 3RD AVE.**  
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **VD** ☒ DELETE  
NAME **CAUDLE, CARROLL**  
STREET ADDRESS **3711 S.W. 14TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**

3.1 TITLE **VD** Change ☒ Addition  
3.2 NAME **CHARLES ROBERT**  
3.3 STREET ADDRESS **2616 S.W. 52ND TERR.**  
3.4 CITY-ST-ZIP **CAPE CORAL, FL. 33914**

TITLE **P** ☐ DELETE  
NAME **BISHOP, WILLIAM R**  
STREET ADDRESS **1728 SE 14TH STREET**  
CITY-ST-ZIP **CAPE CORAL FL 33900**

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

TITLE **T** ☐ DELETE  
NAME **NOLFF, DALE**  
STREET ADDRESS **1502 N.E. 13TH TERR**  
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **T** ☒ DELETE  
NAME **OLIVER, KERRI J**  
STREET ADDRESS **P.O. BOX 61772 N/A**  
CITY-ST-ZIP **FORT MYERS FL**

6.1 TITLE **VD** ☐ Change ☒ Addition  
6.2 NAME **DAWN PERRY-LEHNEAT**  
6.3 STREET ADDRESS **318 S.E. 14TH STREET**  
6.4 CITY-ST-ZIP **CAPE CORAL, FL. 33900**

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: *William R. Bishop* **4-14-98** **941-540-4343**

CR2E037 (10/97)