

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90078 049 ****61.25

DOCUMENT # N95000001701

1. Corporation Name

NORTH PORT CHURCH OF THE NAZARENE, INC.

Principal Place of Business

12715 S.TAMiami TRAIL, SPRINGS PLAZA
STE B
NORTH PORT, FL 34287

Mailing Address

401 E LAKE DR
SARASOTA FL 34232
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/06/1995

4. FEI Number

65-0560136

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

KENES, JAMES E
12715 S.TAMiami TRAIL, SPRINGS PLAZA
STE B
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name KAUFMAN, RICHARD N. Sr.
82 Street Address (P.O. Box Number is Not Acceptable)
1640 SALFORD BLVD.
83 NORTH PORT
84 City FL 85 Zip Code 34287

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: R. N. Kaufman Sr.

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

(NOTE: Registered Agent signature required when reinstating)

04-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KENES, JAMES E REV
STREET ADDRESS 401 E. LAKE DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE D ☒ DELETE

NAME KAUFMAN, CONNIE
STREET ADDRESS 1640 SALFORD BLVD
CITY-ST-ZIP NORTH PORT FL

TITLE D ☐ DELETE

NAME ROBERTS, WALTER
STREET ADDRESS 3246 BRIANT ST.
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ 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:

R. N. Kaufman Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99

741-371-6911

CR2E037 (1/98)