

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90024 047 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



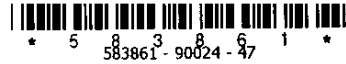
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000006053

1. Corporation Name
FIRST CHURCH OF THE NAZARENE OF PUNTA GORDA, INC

Principal Place of Business
 512 E ALLEN ST
 PUNTA GORDA FL 33950

Mailing Address
 406 E. HENRY ST.
 PUNTA GORDA FL 33950



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
:1 Suite, Apt. #, etc.		:26 Suite, Apt. #, etc.		12/21/1995	
:2 City & State		:27 City & State		4. FEI Number	
:3 Zip Country		:28 Zip Country		59-1573582	
:4 :25		:29 :30		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
DENBY, JOHN 406 E. HENRY ST. PUNTA GORDA FL 33950				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD			: Change : Addition	
NAME	DENBY, JOHN	1.1 TITLE			
STREET ADDRESS	406 E HENRY ST	1.2 NAME			
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.3 STREET ADDRESS			
TITLE	SD	1.4 CITY-ST-ZIP			
NAME	PARKER, JOANNE	2.1 TITLE		: Change : Addition	
STREET ADDRESS	421 W MCKENZIE ST	2.2 NAME			
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.3 STREET ADDRESS			
TITLE	TD	2.4 CITY-ST-ZIP			
NAME	HARLESS, CLARA	3.1 TITLE		: Change : Addition	
STREET ADDRESS	3314 SUNNY HARBOR DR	3.2 NAME			
CITY-ST-ZIP	PUNTA GORDA FL 33982	3.3 STREET ADDRESS			
TITLE		3.4 CITY-ST-ZIP			
NAME		4.1 TITLE		: Change : Addition	
STREET ADDRESS		4.2 NAME			
CITY-ST-ZIP		4.3 STREET ADDRESS			
TITLE		4.4 CITY-ST-ZIP			
NAME		5.1 TITLE		: Change : Addition	
STREET ADDRESS		5.2 NAME			
CITY-ST-ZIP		5.3 STREET ADDRESS			
TITLE		5.4 CITY-ST-ZIP			
NAME		6.1 TITLE		: Change : Addition	
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
TITLE		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)(f), 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: *SIGNATURE REQUIRED* **6/30/99** **941-639-0932**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

100004-15

CR2E037 (5/99)