

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90006 009 ****70.50

DOCUMENT # N99000004042

1. Entity Name

OCALA WEST CHURCH OF THE NAZARENE, INC.



Principal Place of Business

5884 S.W. 60 AVE.
OCALA FL 34474

Mailing Address

~~5884 S.W. 60 AVE.~~
~~OCALA FL 34484~~

54017292



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 770608

City & State

City & State

4. FEI Number

59-3226289

Applied For

Not Applicable

Zip

Country

Zip

Country

34477-0608

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEELE, NORMAN REV
5509 SW 58TH PL
OCALA FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete
NAME MACIE, WAYNE
STREET ADDRESS 12443 SW 2ND CT
CITY-ST-ZIP Ocala FL 34473

TITLE SD ☒ Delete
NAME CARTER, PHYLLIS
STREET ADDRESS 2713 SW 14TH STREET
CITY-ST-ZIP Ocala FL 34474

TITLE TD ☐ Delete
NAME HUFF, KATHY
STREET ADDRESS 8275 NW 121ST AVENUE
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TRUSTEE ☒ Change ☐ Addition
NAME JAMES LENTZ
STREET ADDRESS 9686 S.W. 96TH ST.
CITY-ST-ZIP Ocala, FL. 34481

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathy Huff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/04

352-8671194