

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # 700069**1. Entity Name  
**ROCKLEDGE CHURCH OF THE NAZARENE, INC.**

Principal Place of Business	Mailing Address
975 EYSTER BLVD. BLDG #3-2 ROCKLEDGE FL 32955	975 EYSTER BLVD. BLDG #3-2 ROCKLEDGE FL 32955

2. Principal Place of Business	3. Mailing Address
975 EYSTER BLVD.	975 EYSTER BLVD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
BLDG #3-2	BLDG #3-2

City & State	City & State
ROCKLEDGE FL	ROCKLEDGE FL

Zip	Country	Zip	Country
32955	US	32955	US

4. FEI Number	Applied For
<b>59-1876850</b>	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DONALD M. 1270 TUCKAWAY DRIVE  ROCKLEDGE FL 32955 US	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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.

SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	<b>04/26/2001</b>

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TR	<input type="checkbox"/> Delete		TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS WALTER			NAME	KOLB JAMES JR.		
STREET ADDRESS	962 BAYWARD PLACE			STREET ADDRESS	904 BLUEGRASS LN.		
CITY-ST-ZIP	ROCKLEDGE FL			CITY-ST-ZIP	ROCKLEDGE FL 32955		
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULLEMBER LORNA J.			NAME	DEVORE LINDA		
STREET ADDRESS	2 BURLINGTON AVE.			STREET ADDRESS	1261 WALNUT CT.		
CITY-ST-ZIP	ROCKLEDGE FL			CITY-ST-ZIP	ROCKLEDGE FL 32955		
TITLE	TR	<input type="checkbox"/> Delete		TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER LAVERNE			NAME	COOPER LAVERNE		
STREET ADDRESS	4008 GARDEN STREET			STREET ADDRESS	4008 GARDEN STREET		
CITY-ST-ZIP	TITUSVILLE FL			CITY-ST-ZIP	TITUSVILLE FL 32796		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONAS, VIRGINIA			NAME	LEIB, GLENDA		
STREET ADDRESS	1106 ABINGTON			STREET ADDRESS	819 GARDENER RD.		
CITY-ST-ZIP	COCOA, FL 00000			CITY-ST-ZIP	ROCKLEDGE FL 32955		
TITLE	TR	<input type="checkbox"/> Delete		TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIB, MARK			NAME	LEIB, MARK		
STREET ADDRESS	987 BOXFORD LANE			STREET ADDRESS	987 BOXFORD LANE		
CITY-ST-ZIP	ROCKLEDGE, FL 00000			CITY-ST-ZIP	ROCKLEDGE FL 32955		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DONALD M.			NAME	SMITH, DONALD M.		
STREET ADDRESS	1270 TUCKAWAY DRIVE			STREET ADDRESS	1270 TUCKAWAY DRIVE		
CITY-ST-ZIP	ROCKLEDGE, FL 00000			CITY-ST-ZIP	ROCKLEDGE FL 32955		

12. 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 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:	REV: DONALD M. SMITH	P	04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (11/00)