2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 700069

Entity Name: ROCKLEDGE CHURCH OF THE NAZARENE, INC.

FILED Apr 24, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 975 EYSTER BLVD. BLDG #3-2 ROCKLEDGE, FL 32955 US **New Mailing Address: Current Mailing Address:** 975 EYSTER BLVD. BLDG #3-2 ROCKLEDGE, FL 32955 US FEI Number: 59-1876850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, DONALD M 1270 TÜCKAWAY DRIVE US ROCKLEDGE, FL 32955 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SMITH, DONALD M. Name: Name: 1270 TUCKAWAY DRIVE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEIB, MARK, Name: Address: 987 BOXFORD LANE Address: City-St-Zip: ROCKLEDGE, FL 32955 US City-St-Zip: Title: () Delete Title: () Change () Addition LEIB, GLENDA, Name: Name: 819 GARDENER RD. Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 US City-St-Zip: Title: TR () Delete Title: () Change () Addition Name: COOPER, LAVERNE Name: 4008 GARDEN STREET Address: Address: City-St-Zip: TITUSVILLE, FL 32796 US City-St-Zip: Title: () Delete Title: (X) Change () Addition DEVORE, LINDA WILLIAMS, JR., WALTER Name: Name: 1261 WALNUT CT. 962 BAYWARD PLACE Address: Address: ROCKLEDGE, FL 32955 US City-St-Zip: City-St-Zip: ROCKLEDGE, FL 32955 US Title: () Delete Title: () Change () Addition KOLB, JAMES JR. Name: Name: Address: 904 BLUEGRASS LN. Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DONALD M. SMITH P 04/24/2002

ROCKLEDGE, FL 32955 US

City-St-Zip: