

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90205 005 ****61.25

DOCUMENT # 700069

1. Entity Name
ROCKLEDGE CHURCH OF THE NAZARENE, INC.



Principal Place of Business

**975 EYSTER BLVD.
BLDG #3-2
ROCKLEDGE FL 32955
US**

Mailing Address

**975 EYSTER BLVD.
BLDG #3-2
ROCKLEDGE FL 32955
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1876850**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, DONALD M.
1270 TUCKAWAY DRIVE
ROCKLEDGE FL 32955**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, DONALD M.	
STREET ADDRESS	1270 TUCKAWAY DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	LEIB, MARK	
STREET ADDRESS	987 BOXFORD LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEIB, GLENDA	
STREET ADDRESS	819 GARDENER RD.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	TR	<input type="checkbox"/> Delete
NAME	COOPER, LAVERNE	
STREET ADDRESS	4008 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, JR., WALTER	
STREET ADDRESS	962 BAYWARD PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	TR	<input type="checkbox"/> Delete
NAME	KOLB, JAMES JR.	
STREET ADDRESS	904 BLUEGRASS LN.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adcock, Robert	
STREET ADDRESS	1346 NELSON CT.	
CITY-ST-ZIP	ROCKLEDGE, FLORIDA 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE *Donald M. Smith*

20 MARCH '03

321-636-4600

CR2E037 (10/02)