

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710189

1. Entity Name

METRO WEST CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

10 SO. HIAWASSEE ROAD
ORLANDO FL 32835-1002

10 SO. HIAWASSEE ROAD
ORLANDO FL 32835-1002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1869350

Applied For

Not Applicable

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

VAUGHN, DAVID M.
8715 LANSMERE LANE
ORLANDO FL 32811

Name David A. Gallimore

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

818 Winder Oaks Dr.

City Getha

FL

Zip Code 34734

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME ACKER, PATRICIA
STREET ADDRESS 1105 EMERALDA DR
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☒ Change ☐ Addition
NAME Patricia Acker
STREET ADDRESS 146 Arnhym Dr.
CITY-ST-ZIP Orlando, FL 32835

TITLE D ☐ Delete
NAME JOHNSON, BOB
STREET ADDRESS 4607 ROSE OF TARA WAY
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☒ Change ☐ Addition
NAME Bob Johnson
STREET ADDRESS 671 Safeharbour Dr.
CITY-ST-ZIP Ocoee, FL 34761

TITLE TD ☒ Delete
NAME LESSORD, KAREN
STREET ADDRESS 121 GRAND JUNCTION BLVD
CITY-ST-ZIP ORLANDO FL

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

TITLE C ☐ Delete
NAME LAMOTHE, JAMES
STREET ADDRESS 7245 DR. PHILLIPS BLVD.
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME James Lamothe
STREET ADDRESS 7320 Lismore Ct.
CITY-ST-ZIP Orlando, FL 32835

TITLE P ☒ Delete
NAME VAUGHN, DAVID M.
STREET ADDRESS 8715 LANSMERE LANE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME David A. Gallimore
STREET ADDRESS 818 Winder Oaks Dr.
CITY-ST-ZIP Getha, FL 34734

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vanier Hastings
STREET ADDRESS 5025 Jetseil Dr.
CITY-ST-ZIP Orlando, FL 32812

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)