

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728428

1. Entity Name

ADVISORY BOARD OF THE NORTH FLORIDA DISTRICT, CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

4741 ATLANTIC BLVD
STE E-4
JAX FL 32207
US

4741 ATLANTIC BLVD
STE E-4
JAX FL 32207
US

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

59-6543225

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

JENKINS

JENKINS, ORVILLE W JR

4741 ATLANTIC BLVD STE E-4
JACKSONVILLE FL 32207

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.

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 JENKINS, ORVILLE J
STREET ADDRESS 3930 UNIVERSITY BLVD S
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☒ Change ☐ Addition
NAME 2938 DUPONT AVE.
STREET ADDRESS 32217
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PATRICK, MARK
STREET ADDRESS 4040 WOODCOCK DRIVE STE 230
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME 32207
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HORNER, PAUL
STREET ADDRESS 7830 NW 35TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE P ☒ Delete
NAME GUNTER, D MOODY
STREET ADDRESS 12508 MASTERS RIDGE DR, BOX 519
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
NAME DOUG MILLS
STREET ADDRESS 726 EAGLEVIEW LIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE D ☐ Delete
NAME ACHESON, CHARLES D.
STREET ADDRESS 1420 TRAVELERS PALM
CITY-ST-ZIP EDGEWATER FL 32132

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

TITLE D ☐ Delete
NAME SAWYER, ED
STREET ADDRESS 38328 CROWN PL
CITY-ST-ZIP LADYLAKE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32159

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:

REOMARK R. PATRICK

4/30/02

9043965400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)