2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90924 014 ****61.25

DOCUMENT # 741842

1. Entity Name

LONGWOOD CHURCH OF THE NAZARENE, LONGWOOD, INC.

Principal Place of Business	Mailing Address
200 N WAYMAN ST LONGWOOD FL 32750 US	200 N WAYMAN ST LONGWOOD FL 32750-4355 US

DO NOT WRITE IN THIS SPACE

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 59-1875954 ☐ 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
~~PASLOY, JUSTIN~~ James B. Holden ~~1169 QUINTUPLET DR~~ 621 Hermits Tr ~~CASSELBERRY FL 32707~~ Altamonte Springs FL 32701	Name: James B. Holden Street Address (P.O. Box Number is Not Acceptable): 621 Hermits Tr City: Altamonte Springs FL Zip Code: 32701

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.

Minister: Church of the Nazarene.

SIGNATURE: Rev. James B. Holden Rev. James B. Holden DATE: 4-25-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLDEN, JAMES B 621 HERMITS DR ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~LEONARD, LARRY~~ Smith, John ~~207 JUSTIN WAY~~ 7040 Overlook Way ~~SANFORD FL 32773~~ Winter Springs	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition T. Smith, John 7040 Overlook Way Winter Springs, Fl. 32708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ~~MORESE, P~~ Tr. Morse P. ~~110 ALMA DR~~ ~~ALTAMONTE SPGS FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Tr. Morse, P 117 Alma Altamonte Springs, Flo 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERKOWITZ, HENRY 456 PONCE DE LEON DR WINTER SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~FRYE, D~~ ~~602 VENTURE CT~~ ~~WINTER SPGS FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Bleichner Brian 636 Magnolia St. Longwood, Fl. 32750

CR2E037 (9/99)

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: Rev. James B. Holden James B. Holden 4-25-00 407-831-8558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #