

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90200 011 ****61.25

DOCUMENT # 745572

1. Entity Name

FIRST CHURCH OF THE NAZARENE OF POMPANO BEACH, I

Principal Place of Business

Mailing Address

916 NE 4TH STREET
 POMPANO BEACH FL 33060

916 NE 4TH STREET
 POMPANO BEACH FL 33060-6416

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

59-0939946

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name

Street Address (R.O.-Box Number is Not Acceptable)

City

FL

Zip Code

RANDALL, JAMES R
732 N.E. 4TH ST.
POMPANO BEACH FL 33060

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:
FEF 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDALL, JAMES	
STREET ADDRESS	732 N.E. 4TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEFFEY, KEN	
STREET ADDRESS	5521 LAKESIDE DR, APT 101	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PURINTON, DAVID SR.	
STREET ADDRESS	2548 SE 13TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PURINTON, DAVID S	
STREET ADDRESS	2548 SE #TH CT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LASSEN, LINDA	
STREET ADDRESS	817 SE 13 CT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *Randall James* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000
 Date

(954) 942-6010
 Daytime Phone #