

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90227 011 ****61.25

DOCUMENT # 751459

1. Entity Name

BROOKSVILLE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

19384 INGRAM ROAD
BROOKSVILLE FL 34601

19384 INGRAM ROAD
BROOKSVILLE FL 34601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1868691

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

DRIER, ELDON
20015 RUTH ST
BROOKSVILLE FL 34601

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 ☐ Delete
NAME DRIER, ELDON
STREET ADDRESS 20015 RUTH ST
CITY-ST-ZIP BROOKSVILLE, FL 00000

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

TITLE ☒ Delete
NAME LEGG, CHARLES
STREET ADDRESS 19384 INGRAM ST
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☐ Change ☒ Addition
NAME Bryan Ayers
STREET ADDRESS 19384 Ingram St.
CITY-ST-ZIP Brooksville, FL 34601

TITLE ☒ Delete
NAME MEISBERGER, NORB
STREET ADDRESS 6191 LOCKHART ROAD
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☐ Change ☐ Addition
NAME Ronald Stanfield
STREET ADDRESS 26417 Sault Rd.
CITY-ST-ZIP Brooksville, FL 34601

TITLE ☒ Delete
NAME SMITH, REBY
STREET ADDRESS 308 WEST FT DADE AVE
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☐ Change ☐ Addition
NAME Lori Wilfong
STREET ADDRESS 21821 Hardcastle Rd
CITY-ST-ZIP Spring Hill, FL 34610

TITLE ☒ Delete
NAME THOMAS, CHARLES
STREET ADDRESS 1152 MONROE AVE
CITY-ST-ZIP MASARYKTOWN FL

TITLE ☐ Change ☐ Addition
NAME Carol meisberger
STREET ADDRESS 6151 Lockhart Rd.
CITY-ST-ZIP Brooksville, FL 34602

TITLE ☒ Delete
NAME SNAKENBERG, LARRY
STREET ADDRESS 12421 SNOWEY EGRET RD
CITY-ST-ZIP WEEKI WACHEE FL 34614

TITLE ☐ Change ☐ Addition
NAME Ralph Wilfong
STREET ADDRESS 13377 Coronado Dr.
CITY-ST-ZIP Spring Hill, FL 34609

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:

Bryan Ayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

352-796-4249

Date

Daytime Phone #

CR2E037 (9/01)