

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15572

1. Entity Name

WEST MELBOURNE CHURCH OF THE NAZARENE INC.

Principal Place of Business

4031 AURORA RD.
MELBOURNE FL 32934
US

Mailing Address

4031 AURORA RD.
MELBOURNE FL 32934-7164
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3100820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKUCE, JOY E
2620 OKLAHOMA ST
W MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name DeMoranville, Timothy A.

Street Address (P.O. Box Number is Not Acceptable)
1653 Guava Ave.

City Melbourne

FL

Zip Code
32935

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

Timothy A. DeMoranville

Timothy A. DeMoranville, Pastor

3/09/99

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKUCE, JOY E 2620 OKLAHOMA ST W MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEIHL, CAROL 1648 ORANGE MANOR DR MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMORANVILLE, TIMOTHY 1537 SUNSET VIEW CIRCLE APOPKA FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DeMoranville, Timothy A. 1653 Guava Ave. Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Skuce, Joy 2620 Oklahoma St. W. Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kazee, Jane 79 Lamplighter Dr. Melbourne, FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Timothy A. DeMoranville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy A. DeMoranville

3/09/99

(321) 751-0545

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90133 010 ****61.25