

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90274 045 ****70.00

DOCUMENT # N15572

1. Entity Name

HARBOR CITY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

4031 AURORA RD.
 MELBOURNE FL 32934
 US

Mailing Address

4031 AURORA RD.
 MELBOURNE FL 32934
 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

59-3100820

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)

2010 Tallridge Rd.

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**

2/14/01

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 **PD** ☐ Delete
 NAME **DEMORANVILLE, TIMOTHY A**
 STREET ADDRESS **1653 GUAVA AVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **SD** ☐ Delete
 NAME **SKUCE, JOY**
 STREET ADDRESS **2620 OKLAHOMA ST**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **TD** ☐ Delete
 NAME **KAZEE, JANE**
 STREET ADDRESS **79 LAMPLIGHTER DR.**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **DeMoranville, Timothy A.**
 STREET ADDRESS **2010 Tallridge Rd.**
 CITY-ST-ZIP **Melbourne, FL 32935**

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

TITLE ☐ Change ☐ Addition
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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* **Timothy A. DeMoranville** **2/14/01** **(321) 751-0545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)