

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90120 017 ****61.25

DOCUMENT # N99000002671

1. Entity Name

APOPKA SPRINGHILL NAZARENE OUTREACH MINISTRY, IN

Principal Place of Business

**1218 SOUTH CLARCONA ROAD
 APOPKA FL 32703**

Mailing Address

**P O BOX 1462
 APOPKA FL 32703**

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

59-3577652

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

**PARKER, JEFFREY L
 1218 SOUTH CLARCONA ROAD
 APOPKA FL 32703**

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

JEFFREY L. PARKER

1-14-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, JEFFREY L 423 S. BRADSHAW RD. APOPKA FL 32703	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PUGH, ELDER ELONZA 2021 W. GORE STREET ORLANDO FL 32805	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT POSTELL, JEROME 2087 WINNEKTA COURT ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BORNETT, JIMIE 1249 KENWORTH DR. APOPKA FL 32712	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RILEY, WILLETT H 1058 PINE STREET APOPKA FL 32703	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKER, BALINDA E 423 S. BRADSHAW ROAD APOPKA FL 32703	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:

JEFFREY L. PARKER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-01 - 407-880-0841

CR2E037 (10/00)