

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002671

1. Entity Name

APOPKA SPRINGHILL NAZARENE OUTREACH MINISTRY, IN C.

Principal Place of Business

Mailing Address

1218 SOUTH CLARCONA ROAD
APOPKA FL 32703

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

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 PD ☐ Delete
NAME PARKER, JEFFREY L
STREET ADDRESS 423 S. BRADSHAW RD.
CITY-ST-ZIP APOPKA FL 32703

TITLE CD ☒ Change ☐ Addition
NAME POSTELL, JEROME
STREET ADDRESS 2087 WINNETKA CT
CITY-ST-ZIP ORLANDO, FL 32818

TITLE CD ☒ Delete
NAME PUGH, ELDER ELONZA
STREET ADDRESS 2021 W. GORE STREET
CITY-ST-ZIP ORLANDO FL 32805

TITLE TD ☐ Change ☒ Addition
NAME BETTY P. JAMES
STREET ADDRESS 6027 CHRISTIAN WAY
CITY-ST-ZIP ORLANDO, FL 32808

TITLE VT ☐ Delete
NAME POSTELL, JEROME
STREET ADDRESS 2087 WINNETKA COURT
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE VT ☐ Delete
NAME BORNETT, JIMIE
STREET ADDRESS 1249 KENWORTH DR.
CITY-ST-ZIP APOPKA FL 32712

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

TITLE SD ☐ Delete
NAME RILEY, WILLETT H
STREET ADDRESS 1058 PINE STREET
CITY-ST-ZIP APOPKA FL 32703

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

TITLE TD ☐ Delete
NAME PARKER, BALINDA E
STREET ADDRESS 423 S. BRADSHAW ROAD
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-02

(407) 716-6677

Date

Daytime Phone #

CP2E037 (9/01)

0065738

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90125 015 ****70.00



DO NOT WRITE IN THIS SPACE