

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725520

1. Entity Name

VENICE CHURCH OF THE NAZARENE INC

**FILED**  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90080 008 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1535 E. VENICE AVE.  
VENICE FL 34292

1535 E. VENICE AVE.  
VENICE FL 34292-3065

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

59-1582443

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

BALL, GARY  
1535 E. VENICE AVE.  
VENICE FL 33592

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

*Dr. Gary Ball*

*Dr. Gary Z Ball*

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	D	<input type="checkbox"/> Delete
NAME	EVANS, JIM	
STREET ADDRESS	1305 RESERVE DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAMPLER, DAVE	
STREET ADDRESS	168 BUNKER ROAD	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BALL, GARY	
STREET ADDRESS	1535 E. VENICE AVE.	
CITY-ST-ZIP	VENICE FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CASTLE, EVERETT	
STREET ADDRESS	515 FALKLAND RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Dr. Gary Z Ball*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)