

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N14266**

1. Entity Name

**FIRST CHURCH OF THE NAZARENE OF NEW SMYRNA BEACH**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90059 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

201 SOUTH ORANGE STREET  
 NEW SMYRNA BEACH FL 32168

201 SOUTH ORANGE STREET  
 NEW SMYRNA BEACH FL 32168-7127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6543202**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ACHESON, CHARLES D.**  
**1420 TRAVELERS PALM DR.**  
**EDGEWATER FL 32132**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ACHESON, CHARLES D.</b>	
STREET ADDRESS	<b>1420 TRAVELERS PALM DR.</b>	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STUCK, RICHARD</b>	
STREET ADDRESS	<b>1311 WILLOW OAK</b>	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WADE, SUSAN</b>	
STREET ADDRESS	<b>2360 CAPT BUTLER TRAIL</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>STUCK, ELEANOR</b>	
STREET ADDRESS	<b>204 NINTH STREET</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	
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
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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:

*Eleanor Stuck*  
**ELEANOR STUCK**

**4/6/00**

**904-428-8937**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/99)