

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90409 038 *****61.25

DOCUMENT # 713738

1. Entity Name

SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

18763 SE C.R. 137
 WHITE SPRINGS FL 32096

18763 C.R. 137
 WHITE SPRINGS FL 32096
 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 **59-3192960**

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

BRADY, SCOTT
 18763 C R 137
 WHITE SPRINGS FL 32096

Name

William A. White

Street Address (P.O. Box Number is Not Acceptable)

18763 S.E. Co. Road 137

City

White Springs

FL

Zip Code
32096

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 **William A. White, Pastor**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

William A. White 5/7/01

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** ☒ Delete
 NAME **MORGAN, DURWOOD**
 STREET ADDRESS **ROUTE 1, BOX 170**
 CITY-ST-ZIP **JASPER FL 32052**

TITLE **D** ☐ Change ☒ Addition
 NAME **Lee Erixton**
 STREET ADDRESS **9969 S. E. 142nd Blvd.**
 CITY-ST-ZIP **White Springs, FL 32096**

TITLE **D** ☒ Delete
 NAME **MORGAN, LINDA**
 STREET ADDRESS **ROUTE 1, BOX 170**
 CITY-ST-ZIP **JASPER FL 32052**

TITLE **D** ☐ Change ☒ Addition
 NAME **Martha Fouraker**
 STREET ADDRESS **8983 S.E. 150th Ave.**
 CITY-ST-ZIP **White Springs, FL 32096**

TITLE **D** ☐ Delete
 NAME **EDMONDS, SR H**
 STREET ADDRESS **14534 S E 87TH TERRACE**
 CITY-ST-ZIP **WHITE SPRINGS FL 32096**

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

TITLE **D** ☒ Delete
 NAME **ERIXTON, TERRY**
 STREET ADDRESS **18567 SE CO ROAD 137**
 CITY-ST-ZIP **WHITE SPRINGS FL 32096**

TITLE **D** ☐ Change ☒ Addition
 NAME **Cathy Erixton**
 STREET ADDRESS **18767 Co. Road 137**
 CITY-ST-ZIP **White Springs, FL 32096**

TITLE **D** ☐ Delete
 NAME **FOURAKER, MATTIE**
 STREET ADDRESS **9388 S E 154TH AVE**
 CITY-ST-ZIP **WHITE SPRINGS, FL 00000 32096**

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

TITLE **D** ☐ Delete
 NAME **BURROWS, SHIRLEY**
 STREET ADDRESS **10294 SE 160 LN**
 CITY-ST-ZIP **WHITE SPRINGS FL 32096**

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: **MATTIE FOURAKER**

5/7/01

904-397-2922

CR2E037 (10/00)