

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90230 050 \*\*\*61.25

**DOCUMENT # N44896**

1. Entity Name

**INTERLACHEN CHURCH OF THE NAZARENE, INCORPORATED**



Principal Place of Business

Mailing Address

**179 MILLER SQUARE  
INTERLACHEN FL 32148**

**179 MILLER SQUARE  
INTERLACHEN FL 32148**

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 **59-3080349**

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

**PFLER, LOUIS  
101 MILLERS SQUARE  
INTERLACHEN FL 32148**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**Louis Pfler**

(NOTE: Registered Agent signature required when reinstating)

**2/13/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☐ Delete  
NAME **CARTER, JUDY**  
STREET ADDRESS **RT2 BOX 208F**  
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Carter, Judy**  
STREET ADDRESS **11429 SE 225th Dr.**  
CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE **T** ☒ Delete  
NAME **HAMILTON, JAMES**  
STREET ADDRESS **102 MANGLES DR.**  
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **D** ☐ Change ☒ Addition  
NAME **Curran, Joanne**  
STREET ADDRESS **200 Schaffer**  
CITY-ST-ZIP **Interlachen, FL 32148**

TITLE **TT** ☐ Delete  
NAME **HESS, JOE**  
STREET ADDRESS **141 ASHLEY**  
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **T.D.T.R.** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Louis Pfler**

**2-13-03 386-684-3692**

Date

Daytime Phone #

CR2E037 (10/02)