

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

00000011

03-17-2003 90370 001 *****8.75
03-17-2003 90370 002 *****61.25

DOCUMENT # N14266



1. Entity Name
**FIRST CHURCH OF THE NAZARENE OF NEW SMYRNA BEACH
INC.**

Principal Place of Business
**201 SOUTH ORANGE STREET
NEW SMYRNA BEACH FL 32168**

Mailing Address
**201 SOUTH ORANGE STREET
NEW SMYRNA BEACH FL 32168**



CHECK HERE IF MAKING CHANGES

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P ACHESON, CHARLES D.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1420 TRAVELERS PALM DR. EDGEWATER FL	

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

TITLE NAME	D STUCK, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1311 WILLOW OAK EDGEWATER FL	

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

TITLE NAME	SD WADE, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2360 CAPT BUTLER TRAIL NEW SMYRNA BEACH FL	

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

TITLE NAME	TD STUCK, ELEANOR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	204 NINTH STREET NEW SMYRNA BEACH FL	

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

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

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

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**

3/12/03

386-428-8937

CR2E037 (10/02)