

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 04, 2001 8:00 am
Secretary of State

05-14-2001 90059 005 ****61.25

DOCUMENT # 703421

1. Entity Name

FIRST CHURCH OF THE NAZARENE OF PENSACOLA, FLORI

Principal Place of Business

3475 PINE FOREST RD
 CANTONMENT FL 32533
 US

Mailing Address

3475 PINE FOREST RD
 CANTONMENT FL 32533
 US

D B B 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6181209

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASSADY, DORIS
417 E. SCHUBERT DR.
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T	STEIN, JOHN	7919 MOBILE HWY	PENSACOLA FL	<input checked="" type="checkbox"/>
B	BOWMEN, FELICIA	1631 WINSTON ST	CANTONMENT FL 32533	<input type="checkbox"/>
P	CURRY, RICKY D <i>President</i>	3315 HWY 97S	CANTONMENT FL	<input type="checkbox"/>
S	DIXON, EDDIE C <i>D</i>	3288 WINDMILL CIR	CANTONMENT FL 32533	<input type="checkbox"/>
D	GEORGE, GASA <i>D</i>	5251 CROWSON RD.	PENSACOLA FL 32533	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Treasurer	Bowen, Felicia <i>D</i>	1631 Winston St	Cantonment FL 32533	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

Felicia S. Bowen **Felicia S. Bowen** *4-28-01* **850-479-1020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)