

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706481

1. Entity Name

FIRST CHURCH OF THE NAZARENE, EAU GALLIE, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90042 011 ****61.25

Principal Place of Business

1653 GUAVA AVENUE
 MELBOURNE FL 32936

Mailing Address

PO BOX 361196
 MELBOURNE FL 32936-1196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32935

Country

Zip

32935

Country

4. FEI Number

59-0998518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, JR. G D.
 4873 VERONA CIRCLE
 MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name DeMoranville, Timothy A.

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

1653 Guava Ave.

City

Melbourne

FL

Zip Code

32935

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

Timothy A. DeMoranville, Pastor

(NOTE: Registered Agent signature required when reinstating)

2/14/2000

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	PD MATTHEWS, JR. G D. 4873 VERONA CIRCLE MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOB WHITNEY 302 EUTAU CT. INDIAN HARBOR BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIPER, RICK 164 E COURT MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DeMoranville, Timothy A. 1653 Guava Ave. Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kuce, Joy 2620 Oklahoma St. W. Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kazee, Jane 79 Lamplighter Dr. Melbourne, FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Timothy A. DeMoranville, Pastor 2/14/2000 (321) 751-0545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20017 (9/93)