

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707056

1. Entity Name

FIRST CHURCH OF THE NAZARENE OF HIGH SPRINGS, IN

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90204 044 ****61.25

Principal Place of Business

Mailing Address

P O BOX 715
SANTA FE BLVD
HIGH SPRINGS FL 32643

P O BOX 715
SANTA FE BLVD
HIGH SPRINGS FLA 32655-0715
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6140566

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

MACNAUGHTON, SCOTT G
1110 N. MAIN ST.
HIGH SPRINGS FL 32643

Name
JANICE E MAYS, TREASURER
Street Address (P.O. Box Number is Not Acceptable)
1915 BOAT RAMP ROAD
City
HIGH SPRINGS FL Zip Code
32643

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MAYS, JANICE E	
STREET ADDRESS	1915 BOAT RAMP RD	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRIMPLE, ROBERT	
STREET ADDRESS	PO BOX 218 NA	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRIMPLE, MARTHA	
STREET ADDRESS	POST OFFICE BOX 218 N/A	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGSTON, DANNY	
STREET ADDRESS	RT 2 BOX 748	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JANICE E MAYS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 904 954-7664

CR2E037 (9/99)