

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 707720**

1. Entity Name

THE TOWN 'N COUNTRY CHURCH OF THE NAZARENE, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90026 050 ****70.00

Principal Place of Business

**9910 WILSKY BLVD.
TAMPA FL 33615**

Mailing Address

**9910 WILSKY BLVD.
TAMPA FLA 33615-1343**

DUU10001

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
59-1882790

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCHANAN, J.L.
11022 PANAMA DR.
TAMPA FL 33625**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BUCHANAN, J.L.	
STREET ADDRESS	11022 PANAMA DR.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, J. L. (JR.)	
STREET ADDRESS	11018 PANAMA DR.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PERRY, MICHAEL	
STREET ADDRESS	11015 PANAMA DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PERRY, JAN	
STREET ADDRESS	11015 PANAMA DR	
CITY-ST-ZIP	TAMPA FL 33625	
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"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	PERRY, JAN	
STREET ADDRESS	11015 Panama Drive	
CITY-ST-ZIP	Tampa FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**J. L. BUCHANAN, President 813 884-5303 02/04/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #