

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713070

1. Entity Name

CENTRAL CHURCH OF THE NAZARENE OF CLEARWATER, IN

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90030 049 ****61.25

Principal Place of Business /OF CLEARWATER INC 1601 NORTH HIGHLAND AVENUE CLEARWATER FL 33755 US	Mailing Address /OF CLEARWATER INC 1601 NORTH HIGHLAND AVENUE CLEARWATER FLA 33755-2722 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2159438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

YOUNT, MERLIN
1216 NORWOOD AVE
CLEARWATER FL 34616

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	D <input type="checkbox"/> Delete
NAME	MANIS, HAROLD
STREET ADDRESS	1006 GRANADA DR
CITY-ST-ZIP	CLEARWATER FL 33755
TITLE	T <input type="checkbox"/> Delete
NAME	JOHANSEN, JACKIE
STREET ADDRESS	636 DEXTER DR
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	S <input type="checkbox"/> Delete
NAME	LANG, MARTHA
STREET ADDRESS	1182 RANCHWOOD DR E
CITY-ST-ZIP	DUNEDIN FL
TITLE	D <input type="checkbox"/> Delete
NAME	YOUNT, MERLIN
STREET ADDRESS	1216 NORWOOD AVE
CITY-ST-ZIP	CLEARWATER, FL 00000 33756
TITLE	D <input type="checkbox"/> Delete
NAME	ROEBUCK, PAT
STREET ADDRESS	632 EDGEWATER DR 134
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input type="checkbox"/> Delete
NAME	MOSER, LOU
STREET ADDRESS	13748 JAMAICA DR
CITY-ST-ZIP	LARGO FL 33776

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Merlin Yount **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)