

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90030 044 ****61.25

DOCUMENT # 713140

1. Entity Name

UNIVERSITY BOULEVARD CHURCH OF THE NAZARENE, INC

Principal Place of Business
3930 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216-4387
US

Mailing Address
3930 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216-4313
US

0003707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6543250

Applied For

Not Applied For

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

JENKINS, ORVILLE W JR
2938 DUPONT AVE
JACKSONVILLE FL 32217

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	PD	<input type="checkbox"/> Delete
NAME	JENKINS, ORVILLE W JR	
STREET ADDRESS	2938 DUPONT AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COX, JOSEPH	
STREET ADDRESS	2075 MILLS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THACKER, ANGELA	
STREET ADDRESS	4324 PLAZA GATE LANE S. #210	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
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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: *Orville W Jenkins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00 904-937-475
 Date Daytime Phone #