

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90010 008 \*\*\*\*70.00

0013031

**DOCUMENT # 713140**

1. Entity Name

**UNIVERSITY BOULEVARD CHURCH OF THE NAZARENE, INC**

Principal Place of Business

Mailing Address

**3930 UNIVERSITY BLVD SOUTH  
 JACKSONVILLE FL 32216-4387  
 US**

**3930 UNIVERSITY BLVD SOUTH  
 JACKSONVILLE FL 32216-4387  
 US**

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

**59-6543250**

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

**JENKINS, ORVILLE W JR  
 2938 DUPONT AVE  
 JACKSONVILLE FL 32217**

Name

**Michael D. Jackson**

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

**9011 Hampton Landing Dr. E**

**Jacksonville, FL 32256**

City

**FL**

Zip Code  
**32256**

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

**Michael D. Jackson, President**

**4/12/01**

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**  Delete  
 NAME **JENKINS, ORVILLE W JR**  
 STREET ADDRESS **2938 DUPONT AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **PD**  Change  Addition  
 NAME **Michael D. Jackson**  
 STREET ADDRESS **9011 Hampton Landing Dr. E**  
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **TD**  Delete  
 NAME **COX, JOSEPH**  
 STREET ADDRESS **2075 MILLS ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **THACKER, ANGELA**  
 STREET ADDRESS **4324 PLAZA GATE LANE S. #210**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **SD**  Change  Addition  
 NAME **Michelle Williamson**  
 STREET ADDRESS **2824 Emily Lane**  
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

**Michael D. Jackson**

**4/12/01**

**(904) 737-4755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR2E037 (10/00)