

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90155 040 ****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 32216-4387
 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

**JACKSON, MICHAEL D
 9011 HAMPTON LANDING DR E.
 JACKSONVILLE FL 32256**

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	JACKSON, MICHAEL D	
STREET ADDRESS	9011 HAMPTON LANDING DR E.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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	WILLIAMSON, MICHELLE	
STREET ADDRESS	2824 EMILY LN	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
NAME		
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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: *JOSEPH A. COX* **SIGNATURE REQUIRED** **1-21-02 904-737-4755**

CR2E037 (9/01)