


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90486 004 ****61.25

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| DOCUMENT # 713140 |  |
| 1. Entity Name UNIVERSITY BOULEVARD CHURCH OF THE NAZARENE, INC. | |

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|--|--|
| Principal Place of Business 3930 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216-4387 US | Mailing Address 3930 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216-4387 US |
|--|--|

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04202004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-6543250 | 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

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$81.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JACKSON, MICHAEL D 9011 HAMPTON LANDING DR E. JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD COX, JOSEPH 2075 MILLS ROAD JACKSONVILLE, FL 32216 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FLOOD, ALAN 3930 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 322164387 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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* **JOSEPH A. COX** **4-23-04** **904-739-4755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #