

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2005  
Secretary of State**

DOCUMENT# 713140

**Entity Name:** UNIVERSITY BOULEVARD CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

3930 UNIVERSITY BLVD SOUTH  
JACKSONVILLE, FL 322164387 US

**New Principal Place of Business:**

**Current Mailing Address:**

3930 UNIVERSITY BLVD SOUTH  
JACKSONVILLE, FL 322164387 US

**New Mailing Address:**

**FEI Number:** 59-6543250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JACKSON, MICHAEL D  
Address: 9011 HAMPTON LANDING DR E.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD ( ) Delete  
Name: COX, JOSEPH,  
Address: 2075 MILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: S ( ) Delete  
Name: FLOOD, ALAN  
Address: 3930 UNIVERSITY BLVD SOUTH  
City-St-Zip: JACKSONVILLE, FL 322164387 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A COX

TD

04/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date