

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90017 040 \*\*\*\*61.25  
 02-26-2000 90007 047 \*\*\*\*61.25

**DOCUMENT # 714943**

1. Entity Name

**FIRST CHURCH OF THE NAZARENE OF THE BEACHES, INC**

Principal Place of Business

Mailing Address

424 DAVIS STREET  
 NEPTUNE BEACH FL 32266

424 DAVIS STREET  
 NEPTUNE BEACH FL 32266

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

**59-6543219**

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

~~KLIX, DEBORAH L~~  
~~1035 CYPRESS LANDING COURT~~  
~~ATLANTIC BEACH FL 32233~~

Name **Hugh B. Foster**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 N. Mill Ridge Trail**

City **Porte Vedre Beach, FL** Zip Code **32082**

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

*Hugh B. Foster* *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**July 6, 2000**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

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	P	<input type="checkbox"/> Delete
NAME	SEARLS, WAYNE L	
STREET ADDRESS	P O BOX 330524	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KLIX, DEBORAH	
STREET ADDRESS	1035 CYPRESS LANDING CT	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELL, VALERIE	
STREET ADDRESS	2613 AMERICAS CUP CIRCLE E	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, BOB	
STREET ADDRESS	2531 MAYAPPLE ROAD EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAUSEY, DAVID	
STREET ADDRESS	2251 FALLEN TREE DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUCHMANN, ANN	
STREET ADDRESS	1218 MAYPORT LANDING CIRCLE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	Tim Blanton	
STREET ADDRESS	7441 Mayapple Rd., Jacksonville, FL	
CITY-ST-ZIP	32211	

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:

*Wayne Searls Pastor/President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 6, 2000**

Date

**(904) 249-3655**

Daytime Phone #

07-14-2000