

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90057 025 \*\*\*\*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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6543219**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FASTER, HUGH  
 100 N MILL RIDGE TRAIL  
 PONTE VEDRA BEACH FL 32082**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SEARLS, WAYNE L</b>	
STREET ADDRESS	<b>P O BOX 330524</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELL, VALERIE</b>	
STREET ADDRESS	<b>2613 AMERICAS CUP CIRCLE E</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, BOB</b>	
STREET ADDRESS	<b>2531 MAYAPPLE ROAD EAST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAUSEY, DAVID</b>	
STREET ADDRESS	<b>2251 FALLEN TREE DR. N.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLANTON, TIM</b>	
STREET ADDRESS	<b>7441 MAYAPPLE RD,</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Garrett Nichols</b>	
STREET ADDRESS	<b>1064 S. Featherwood Drive</b>	
CITY-ST-ZIP	<b>Atlantic Beach, FL 32233</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael Bell</b>	
STREET ADDRESS	<b>2613 Americas Cup Circle E.</b>	
CITY-ST-ZIP	<b>Atlantic Beach, FL 32233</b>	
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:

**Wayne Searls, President** 01/09/02

904-249-3655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)