

2000 UNIFORM BUSINESS REPORT (UBR)

4/5/2000 10:14:11 AM

FILED
May 16, 2000 8:00 am
Secretary of State

04-03-2000 90147 015 ****61.25

DOCUMENT # 721552
 1. Entity Name
FIRST CHURCH OF THE NAZARENE OF OCOEE, FLORIDA I

Principal Place of Business Mailing Address
 1209 CENTER STREET 1209 CENTER STREET
 OCOEE FL 34761-2419 OCOEE FL 34761-2419

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 **59-1417601** 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
BROWN, DANN L.
7468 BORDWINE DR
ORLANDO FL 32818

7. Name and Address of New Registered Agent
 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, J. GERON	
STREET ADDRESS	1455 W. KEENE RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, RICK	
STREET ADDRESS	5681 WESTVIEW DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, SARA	
STREET ADDRESS	2545 DOVETAIL DR	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BROWN, DANN L.	
STREET ADDRESS	7468 BORDWINE DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	Tom Harden	<input type="checkbox"/> Delete
NAME	2408 STRICKER DR	
STREET ADDRESS	OCOEE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Harden	
STREET ADDRESS	2408 Stricker Dr.	
CITY-ST-ZIP	OCOEE FL 34761	
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)(l), 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: *[Signature]* **SIGNATURE REQUIRED** 3/27/00 407-656 6524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)