2001 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2001 08:00 AM 721552 DOCUMENT # 1. Entity Name **Secretary of State** FIRST CHURCH OF THE NAZARENE OF OCOEE, FLORIDA INCORPO Principal Place of Business Mailing Address 1209 CENTER STREET 1209 CENTER STREET OCOEE FL OCOEE FL 347612419 347612419 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-1417601 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN DANN L. Street Address (P.O. Box Number is Not Acceptable) 7468 BORDWINE DR ORLANDO FL32818 City 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. DANN L. BROWN 05/08/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE ☐ Change ☐ Addition NAME HARDEN TOM NAME STREET ADDRESS STREET ADDRESS 2408 STIKER DR CITY-ST-ZIP CITY-ST-ZIP OCOEE 34761 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RROWN DANN L. NAME STREET ADDRESS 7468 BORDWINE DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL. 32818 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME ROBBINS RICK NAME STREET ADDRESS STREET ADDRESS 5681 WESTVIEW DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL. 32810 TITLE Delete TITLE Change Addition NAME J. GERON ROGERS NAME STREET ADDRESS 1455 W. KEENE RD STREET ADDRESS CITY-ST-ZIP APOPKA CITY-ST-ZIP FL. 32703 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Rick Robbins

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05/08/2001

CR2E037 (11/00)