2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 721552

1. Entity Name

FIRST CHURCH OF THE NAZARENE OF OCOEE, FLORIDA I



Secretary of State 01-23-2003 90190 020 ****61.25

FILED

NCORPORATED		NE TOS
Principal Place of Business	Mailing Address	<u> </u>
1209 CENTER STREET OCOEE FL 34761-2419	1209 CENTER STREET OCOEE FL 34761-2419	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1417601 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, DANN L. Street Address (P.O. Box Number is Not Acceptable) 7468 BORDWINE DR ORLANDO FL 32818 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete ☐ Change Addition TITLE TITLE ROGERS, J. GERON NAME NAME STREET ADDRESS STREET ADDRESS 1455 W. KEENE RD CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Change TITLE ☐ Delete TITLE Addition NAME ROBBINS, RICK NAME 1018 AUTUMN LEAF DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BROWN, DANN L. NAME NAME STREET ADDRESS STREET ADDRESS 7468 BORDWINE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME HARDEN, TOM STREET ADDRESS STREET ADDRESS 2408 STIKER DR CITY-ST-7IP CITY-ST-ZIP OCOEE FL 34761 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-70P