

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721902

1. Entity Name

CORNERSTONE CHURCH OF THE NAZARENE INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90170 011 \*\*\*\*70.00

Principal Place of Business

Mailing Address

10310 LEM TURNER RD  
 JACKSONVILLE FL 32218

10310 LEM TURNER RD  
 JACKSONVILLE FL 32218-5049



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

59-1648935

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SATTERLY, JOHN M  
 1818 LASER COURT  
 FERNANDINA BEACH FL 32034

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

*John Satterly*

John Satterly

4/9/00

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	SD	<input type="checkbox"/> Delete
NAME	DILLARD, NANCY	
STREET ADDRESS	65 E 61ST ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	JOHNSON, CALVIN	
STREET ADDRESS	11859 V.C. JOHNSON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	P	<input type="checkbox"/> Delete
NAME	SATTERLY, JOHN M	
STREET ADDRESS	1818 LASER COURT	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	SPENCE, SID	
STREET ADDRESS	14158 LEM TURNER RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	WILLIAMS, BETTY	
STREET ADDRESS	10310 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPENCE, LORRAINE	
STREET ADDRESS	14158 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL	

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		

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 empowerers.

SIGNATURE:

*Nancy Dillard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/00 904-765-8324

CRE037 (9/99)