

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90351 009 ****61.25

DOCUMENT # 721902

1. Entity Name

CORNERSTONE CHURCH OF THE NAZARENE INC.

Principal Place of Business

Mailing Address

10310 LEM TURNER RD
 JACKSONVILLE FL 32218

10310 LEM TURNER RD
 JACKSONVILLE FL 32218

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

59-1648935

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

7. Name and Address of New Registered Agent

~~SATTERLY, JOHN M~~
~~1818 LASER COURT~~
~~FERNANDINA BEACH FL 32034~~

~~CALVIN JOHNSON~~
~~11859 V.C. JOHNSON RD~~
~~JAX, FL 32218~~

Name **CALVIN JOHNSON**
 Street Address (P.O. Box Number is Not Acceptable)

11859 V.C. JOHNSON RD
 City **JACKSONVILLE** FL Zip Code **32218**

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

Calvin W Johnson

4/11/01

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 NAME	SD DILLARD, NANCY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	65 E 61ST ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	TRD JOHNSON, CALVIN	<input type="checkbox"/> Delete
STREET ADDRESS	11859 V.C. JOHNSON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE NAME	P SATTERLY, JOHN M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1818 LASER COURT	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE NAME	TRD SPENCE, SID	<input type="checkbox"/> Delete
STREET ADDRESS	14158 LEM TURNER RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE NAME	TRD WILLIAMS, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS	10310 LEM TURNER RD 4660 Cedar Hts	
CITY-ST-ZIP	JACKSONVILLE FL 32218 32226	
TITLE NAME	T SPENCE, LORRAINE	<input type="checkbox"/> Delete
STREET ADDRESS	14158 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE NAME	SD RAY WILLIAMS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40.5 MAICROSS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

BETHAN L WILLIAMS *Betty L Williams* **4-14-01** **904-757-6696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)