

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721902

1. Entity Name

CORNERSTONE CHURCH OF THE NAZARENE INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

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

Principal Place of Business

10310 LEM TURNER RD  
JACKSONVILLE FL 32218

Mailing Address

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

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 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

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 ☒ Delete  
NAME SD  
STREET ADDRESS DILLARD, NANCY  
CITY-ST-ZIP 65 E 61ST ST  
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME SD  
STREET ADDRESS KAY WILLIAMS  
CITY-ST-ZIP 405 MAICROSS AVE  
JACKSONVILLE FL 32208

TITLE ☐ Delete  
NAME TRD  
STREET ADDRESS JOHNSON, CALVIN  
CITY-ST-ZIP 11859 V.C. JOHNSON RD  
JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME ~~SATTERLY, JOHN M~~  
STREET ADDRESS ~~1818 LASER COURT~~  
CITY-ST-ZIP ~~FERNANDINA BEACH FL 32034~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME TRD  
STREET ADDRESS SPENCE, SID  
CITY-ST-ZIP 14158 LEM TURNER RD.  
JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME TRD  
STREET ADDRESS WILLIAMS, BETTY  
CITY-ST-ZIP ~~10310 LEM TURNER RD~~ 4660 Cedar Hf Rd  
JACKSONVILLE FL 32218 32226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS SPENCE, LORRAINE  
CITY-ST-ZIP 14158 LEM TURNER RD  
JACKSONVILLE FL

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

BETHA L. WILLIAMS KAY WILLIAMS 4-14-01 904-757-6696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)