

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722131

1. Entity Name

OKEECHOBEE CHURCH OF THE NAZARENE, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90400 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

425 SW 28TH ST.  
OKEECHOBEE FL 34974  
US

PO BOX 1184  
OKEECHOBEE FL 34973-1184  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1988094

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

HUDSON, JAMES E  
1652 S.W. 34TH TERRACE  
OKEECHOBEE FL 34974

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

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 PD  
NAME HUDSON, JAMES E  
STREET ADDRESS 1652 S.W. 34TH TERR  
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE SD  
NAME LANCASTER, KATHIE  
STREET ADDRESS 1014 S.W. 136 AVE.  
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE TD  
NAME PARRISH, VIRGINIA  
STREET ADDRESS 3236 S.E. 20 COURT  
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE TR  
NAME RIDENOUR, RAY  
STREET ADDRESS 3236 SE 20 COURT  
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE TR  
NAME PARRISH, VIRGINIA  
STREET ADDRESS 3236 SE 20 COURT  
CITY-ST-ZIP OKEECHOBEE FL

TITLE TR  
NAME J.W. PARRISH  
STREET ADDRESS 175 NARANJA AVE SE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE TR  
NAME GLAZE, MACK  
STREET ADDRESS 310 NW 113TH DR  
CITY-ST-ZIP OKEECHOBEE FL

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

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:

*(Signature of James E. Hudson)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)