

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722131

1. Entity Name

OKEECHOBEE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

425 SW 28TH ST.
OKEECHOBEE FL 34974
US

Mailing Address

PO BOX 1184
OKEECHOBEE FL 34973
US

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

59-1988094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE: PO
NAME: HUDSON, JAMES E
STREET ADDRESS: 1652 S.W. 34TH TERR
CITY-ST-ZIP: OKEECHOBEE FL ☐ Delete

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

TITLE: TD
NAME: PARRISH, VIRGINIA
STREET ADDRESS: 175 NARANJA AVE SE
CITY-ST-ZIP: PORT SAINT LUCIE FL 34983 ☐ Delete

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/01

863)763-3579

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*****61.25 *****61.25