

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722131

1. Entity Name

OKEECHOBEE CHURCH OF THE NAZARENE, INC.

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90228 019 ****61.25

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

7. Name and Address of New Registered Agent

HUDSON, JAMES E

1052 S.W. 34TH TERRACE
OKEECHOBEE FL 34974

Name

Street Address (P.O. Box Number is Not Acceptable)

2427 SW 18th CT.

OKEECHOBEE

City

FL

Zip Code

34974

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 1052 S.W. 34TH TERRACE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE TR
NAME ANAOLU LEONARD
STREET ADDRESS 1034 SW 24th AVE
CITY-ST-ZIP OKEECHOBEE, FL 34974

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

TITLE TR
NAME EILEEN GRAGG
STREET ADDRESS 181 SW 21ST. TERR.
CITY-ST-ZIP OKEECHOBEE, FL 34974

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 in an address change or other filing.

SIGNATURE: JAMES E HUDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/02

Date

863 763-3519

Daytime Phone #

CR2E037 (9/01)