

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90113 009 ****61.25

DOCUMENT # 722450 ✓
1. Entity Name
CENTRAL CHURCH OF THE NAZARENS OF ORLANDO, FLORIDA, INC.

Principal Place of Business 300 E. JACKSON ST
 ORLANDO, FL 32801

Mailing Address 401 E. JACKSON ST
 ORLANDO, FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number 59-083084

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

HOWARD WEAVER
 401 E. JACKSON ST
 ORLANDO, FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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	S	<input type="checkbox"/> Delete
NAME	HOWARD WEAVER	
STREET ADDRESS	3537 GATLIN PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	P.	<input type="checkbox"/> Delete
NAME	SCOTT K. LOWRY	
STREET ADDRESS	401 E. JACKSON ST	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	T. CAROL BRENEMAN	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	930 NORTHERN DANCEWAY	
CITY-ST-ZIP	#100 CASSELBERRY, FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	DON MYERS	
STREET ADDRESS	670 MOJAVE TRAIL	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	DON HASTINGS	
STREET ADDRESS	1677 TORRINGTON CR	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: *Scott Lowry* **DATE:** 4-17-00 **DAYTIME PHONE #:** 407-84-4082

CR2E037 (9/99)