

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90971 037 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **722450** ✓
 1. Entity Name
Central Church of the Nazarene of Orlando, Florida, Inc.

DO NOT WRITE IN THIS SPACE

80057464

2. Principal Place of Business
300 E. Jackson St.
 Suite, Apt. #, etc.

3. Mailing Address
401 E. Jackson St.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Orlando FL** City & State **Orlando FL** 4. FEI Number **59-083084** Applied For Not Applicable

Zip **32801** Country **USA** Zip **32801** Country **USA** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
 Name **Howard Weaver**
 Street Address (P.O. Box Number is Not Acceptable) **401 E. Jackson St.**
 City **Orlando** FL Zip Code **32801**

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

FEE IS \$61.25 Initial or Amended UBR

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-c	TITLE	
NAME	Howard Weaver	NAME	
STREET ADDRESS	3537 Gatlin Place Circle	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32806	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	Scott K. Lowry	NAME	
STREET ADDRESS	401 E. Jackson St.	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32801	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Carol Breneman	NAME	
STREET ADDRESS	930 Northern Dancer Way	STREET ADDRESS	
CITY-ST-ZIP	#100 Casselberry FL 32707	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Donald A. Myers	NAME	
STREET ADDRESS	670 Mojave Trail	STREET ADDRESS	
CITY-ST-ZIP	Maitland FL 32751	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	George Smith	NAME	
STREET ADDRESS	9717 Kilgore Rd.	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32836	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Judy Beeler	NAME	
STREET ADDRESS	3033 Peel Ave.	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32806	CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Scott K. Lowry** 4-25-02 (407) 841-4082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)