

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90214 006 ****61.25

0013267

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



Principal Place of Business: **300 E JACKSON STREET ORLANDO FL 32801 US**
Mailing Address: **401 E JACKSON STREET ORLANDO FL 32801 US**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WEAVER, HOWARD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	WEAVER, HOWARD	
STREET ADDRESS	3537 GATLIN PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOWRY, SCOTT K	
STREET ADDRESS	401 EAST JACKSON STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREMAN, CAROL	
STREET ADDRESS	930 NORTHERN DANCER WAY #100	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOTT, WILLIAM	
STREET ADDRESS	2605 NELA AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILLIS, ROBERT	
STREET ADDRESS	1750 SWEETWATER W CIRCLE	
CITY-ST-ZIP	APOPKA FL 32712	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mills, Greg N.	
STREET ADDRESS	401 E. Jackson St.	
CITY-ST-ZIP	Orlando FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myers, Donald	
STREET ADDRESS	401 E. Jackson St.	
CITY-ST-ZIP	Orlando FL 32801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tiller, Joan	
STREET ADDRESS	401 E. Jackson St.	
CITY-ST-ZIP	Orlando FL 32801	
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 all other like empowered.

SIGNATURE: *Howard Weaver*

4-12-03

CR2E037 (10/02)