

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90039 029 ****61.25

DOCUMENT # 725673

1. Entity Name

KENNETH CITY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

4401 58 ST N
 KENNETH CITY FL 33709

4401 58 ST N
 KENNETH CITY FL 33709-5330

803164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6598021

Applied For
 Not Applied For

Zip

Country

Zip

Country

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

DUFFY, EILEEN (MRS.)
5890 38TH AVE N.
STE 101A
ST PETERSBERG FL 33709

Name

Duffy, William F

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

5890 38 Ave N

City

ST. Petersburg

FL

Zip Code

33709

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

William F. Duffy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	T	<input type="checkbox"/> Delete
NAME	HECKATHORNE, ANN M	
STREET ADDRESS	7238 55 AVE N.	
CITY-ST-ZIP	ST PETERSBERG FL 33709	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUFFY, EILEEN	
STREET ADDRESS	5890 38 AVE N., #101A	
CITY-ST-ZIP	ST PETERSBERG FL 33710-1955	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PHELPS, LARRY R	
STREET ADDRESS	4440 56 ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, LUTHER	
STREET ADDRESS	6128 38TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Duffy, William F</i>	
STREET ADDRESS	<i>5890 38 Ave N.</i>	
CITY-ST-ZIP	<i>ST. Petersburg FL 33710-1955</i>	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Estep, Bradley K.</i>	
STREET ADDRESS	<i>4440 56 ST. N.</i>	
CITY-ST-ZIP	<i>ST. Petersburg, FL 33709</i>	
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 all other like empowered.

SIGNATURE:

William F. Duffy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William F. Duffy
1/9/2000 (227) 546-0990