

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90019 043 \*\*\*\*61.25

0061810

**DOCUMENT # 725673**

1. Entity Name  
**KENNETH CITY CHURCH OF THE NAZARENE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>4401 58 ST N<br/>         KENNETH CITY FL 33709</b> | Mailing Address<br><b>4401 58 ST N<br/>         KENNETH CITY FL 33709</b> |
|---|---|

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|--|--|---------|---------|

|  |  |
|--|--|
| 4. FEI Number<br><b>59-6598021</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUFFY, WILLIAM F  
 5890 38TH AVE N.  
 ST PETERSBERG FL 33709**

7. Name and Address of New Registered Agent

Name Dr. Brad Estep  
 Street Address (P.O. Box Number is Not Acceptable) 4401 58 ST. 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 [Signature] DATE 1-12-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW:<br/>         FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|--|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

|   |                                 |
|---|---------------------------------|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
| <b>HECKATHORNE, ANN M<br/>7238 55 AVE N.<br/>ST PETERSBERG FL 33709</b>                   |                                 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
| <b>SD<br/>DUFFY, WILLIAM F<br/>5890 38 AVE N. , #101A<br/>ST PETERSBERG FL 33710-1955</b> |                                 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
| <b>PD<br/>ESTEP, BRADLEY K<br/>4440 56 ST N<br/>ST PETERSBURG FL</b>                      |                                 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
| <b>D<br/>WILKINSON, LUTHER<br/>6128 38TH AVE N.<br/>ST. PETERSBURG FL</b>                 |                                 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
|   |                                 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
|   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|   |   |
|---|---|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |

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: [Signature] **SIGNATURE REQUIRED** DATE 1-12-01 DAYTIME PHONE # 727-546-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)