

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729108

1. Entity Name

FIRST CHURCH OF THE NAZARENE OF SANFORD, FLORIDA

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90046 038 ****61.25

Principal Place of Business

Mailing Address

2581 SANFORD AVE
 SANFORD FL 32773-9581

2581 SANFORD AVE
 SANFORD FL 32773-4618



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

59-6560192

Applied For

Not Applicable

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

CARNES, JONATHAN
 2581 SANFORD AVE
 SANFORD FL 32771

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

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

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	HUBER, RITA	
STREET ADDRESS	70 CATALINA DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HAWES, KIRK	
STREET ADDRESS	221 CRESCENT BLVD	
CITY-ST-ZIP	SANFORD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARNES, JONATHAN	
STREET ADDRESS	2581 SANFORD AVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	HETSLER, PERRY	
STREET ADDRESS	612 SUNRISE AVENUE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacy Wade	
STREET ADDRESS	1229 Winding Chase Blvd	
CITY-ST-ZIP	Winter Springs, FL 32708	
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		

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Jonathan Carnes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 (407) 322-3122
 Date Daytime Phone #