


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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91043 030 \*\*\*\*61.25

**DOCUMENT # 729108**

1. Entity Name  
**FIRST CHURCH OF THE NAZARENE OF SANFORD, FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**2581 SANFORD AVE**      **2581 SANFORD AVE**  
**SANFORD FL 32773-9581**      **SANFORD FL 32773-9581**

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-6560192**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CARNES, JONATHAN**  
**2581 SANFORD AVE**  
**SANFORD FL 32771**

**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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HUBER, RITA</b>	
STREET ADDRESS	<b>70 CATALINA DR</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CARNES, JONATHAN</b>	
STREET ADDRESS	<b>2581 SANFORD AVE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HETSLER, PERRY</b>	
STREET ADDRESS	<b>612 SUNRISE AVENUE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WADE, STACY</b>	
STREET ADDRESS	<b>1229 WINDING CHASE BLVD</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
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 checked="" type="checkbox"/> Addition
NAME	<b>Lucinda Cardell</b>	
STREET ADDRESS	<b>2016 Lake Ave</b>	
CITY-ST-ZIP	<b>Sanford, FL 32773</b>	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**      **3/31/03**      **407-322-3122**

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CRE037 (10/02)