

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730620

1. Entity Name

TRINITY CHURCH OF THE NAZARENE OF LAKE CITY, INC

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90071 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

ROUTE 47 SOUTH  
P.O. BOX 1392  
LAKE CITY FL 32056  
US

ROUTE 47 SOUTH  
P.O. BOX 1392  
LAKE CITY FL 32056-1392  
US



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 **59-6554288**

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

BURT, THEON  
RT 9 BOX 4520  
LAKE CITY FL 32024

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**CLEMONS, HENRY JR**  
**RT 3 BOX 128F N/A**  
**LAKE CITY FL 32025** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Grace Lamberson**  
**Rt. 9 Box 2154**  
**Lake City, FL 32024** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**DITTER, MARION**  
**16248 115TH RD**  
**MCALPIN FL 32062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Sara Tedder**  
**Rt. 11 Box 678-B**  
**Lake City, FL 32024** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**JAMES CLAYTON**  
**P O BOX 628 N/A**  
**LAKE CITY FL 32056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**BURT, THEON**  
**RT 9 BOX 4520 N/A**  
**LAKE CITY FL 32024** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SISTRUNK, SHERRELL**  
**18102 SE CR 137**  
**WHITE SPGS. FL 32096** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**CRAFT, MARGARET**  
**P O BOX 1303 N/A**  
**LAKE CITY FL 32056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *Theon Burt* **FEES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

904-752-7175

Date

Daytime Phone #

CR2E037 (9/99)