

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90409 011 \*\*\*\*70.00

**DOCUMENT # 730620**

1. Entity Name

**TRINITY CHURCH OF THE NAZARENE OF LAKE CITY, INC**



Principal Place of Business

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

Mailing Address

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

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 **59-6554288**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BURT, THEON  
RT 9 BOX 4520  
LAKE CITY FL 32024**

7. Name and Address of New Registered Agent

Name **CRAFT, Margaret**

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

**3303 S. MARION (PO Box 1303)**

City

**LAKE CITY, FLA FL 32056**

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 **MARGARET CRAFT**

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

(NOTE: Registered Agent signature required when reinstating)

**JAN. 7 '03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**  
NAME **SISTRANK, SHERRILL**  
STREET ADDRESS **18102 SE CR 137**  
CITY-ST-ZIP **WHITE SPRINGS FL 32096**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**  
NAME **LAMBERSON, GRACE**  
STREET ADDRESS **RT. 9 BOX 2154**  
CITY-ST-ZIP **LAKE CITY FL 32024**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D P**  
NAME **CRAFT, MARGARET**  
STREET ADDRESS **P O BOX 1303 N/A**  
CITY-ST-ZIP **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:

**MARGARET CRAFT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 7 '03**

**386-752-7175**

CR2E037 (10/02)