

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730773

1. Entity Name

NORTHSIDE COMMUNITY CHURCH OF THE NAZARENE, INC.

FILED

Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90038 012 ****61.25

Principal Place of Business

Mailing Address

6781 BAYSHORE ROAD
N FORT MYERS FL 33917
US

6781 BAYSHORE ROAD
N FT. MYERS FL 33917-3304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1577196

Applied For

Not Applicable

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

LAWRENCE, GREG REV
15188 SAM SNEAD LANE
N FT MYERS FL 33917

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	D	<input checked="" type="checkbox"/> Delete
NAME	OBNEYH, PHYLLIS	
STREET ADDRESS	5741 FOX LAKE DR UNIT #4	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CIRER, TONY	
STREET ADDRESS	4104 SE 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOLEY, PAUL	
STREET ADDRESS	1407 S E 30TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASBURY, LOUISE	
STREET ADDRESS	1213 TROPIC TERRACE	
CITY-ST-ZIP	NO FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. Ronald Beckwith	
STREET ADDRESS	608 CALVIN AVE	
CITY-ST-ZIP	Lehigh Acres FL 33936	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Rohrey	
STREET ADDRESS	9435 Palm Island Circle	
CITY-ST-ZIP	N. FT. Myers FL 33903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. SAM Schwab	
STREET ADDRESS	19250 N. Tamiami TR. #F1	
CITY-ST-ZIP	N. FT Myers FL 33903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. Betty Predko	
STREET ADDRESS	166 Dow Lane	
CITY-ST-ZIP	N. FT. Myers, FL 33917	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. Betty Grunert	
STREET ADDRESS	66 Sunset Circle	
CITY-ST-ZIP	N. FT. Myers, FL 33903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. Marjorie Kurtz	
STREET ADDRESS	238 Rainbow Lane	
CITY-ST-ZIP	N. FT. Myers, FL 33917	

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: *Beatrice M. Lamb* 9-30-00 941-567-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 2E 137 (9/99)

Attachment
D# 730723
00062016

Assistant Treasurer / Financial Secretary
Beatrice M. Lamb
7637 Ebson Dr.
N. Ft. Myers, FL. 33917

Acting in the absence of our Treasurer, Tony Cirer, who has recently passed on.
This report just surfaced. That is the reason for the delay.

Beatrice M. Lamb
Authorized Representative
