


2005

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

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90005 002 ****70.00

DOCUMENT # 731587	
1. Entity Name <i>Church of the Nazarene, Swiss Oak FL, INC</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>915 S Church Ave</i>		3. Mailing Address <i>915 S. Church Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Swiss Oak FL</i>		City & State <i>Swiss Oak FL</i>	
Zip <i>32060</i>	Country	Zip <i>32060</i>	Country

400000

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>59-6546051</i>		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>Lawrence A. Schatke JR</i>		
	Street Address (P.O. Box Number is Not Acceptable) <i>1436 Myrtle Ave</i>		
	City <i>Swiss Oak</i> FL Zip Code <i>32064</i>		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <i>Medaris, Louis</i> <i>8487 Hard Rock Blvd</i> <i>Swiss Oak FL 32060</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> <i>Renfrow, Loretta K</i> <i>831 SE Koon Lake Rd</i> <i>Mayo FL 32066</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> <i>Schatke, Larry A JR</i> <i>1436 Myrtle Ave</i> <i>Swiss Oak FL 32064</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *LORETTA K. RENFROW* *Loretta K Renfrow* *5-23-05* *386.294-3890*

CR2E037B (12/02)