

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90049 012 ****61.25

DOCUMENT # 740971

1. Entity Name

FIRST CHURCH OF THE NAZARENE, INC., VERO BEACH,

Principal Place of Business

Mailing Address

1280 27TH AVE
 VERO BCH FL 32960

1280 27TH AVE
 VERO BCH FL 32960-3973

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

59-1871618

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

KING, REV HUBERT E
2676 12TH ST
VERO BEACH FL 32960

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	<input type="checkbox"/> Delete
NAME	STRUMAS, DAN
STREET ADDRESS	4502 SUNSET
CITY-ST-ZIP	VERO BEACH, FL 0
TITLE	<input type="checkbox"/> Delete
NAME	PDC
STREET ADDRESS	KING, REV HUBERT E
CITY-ST-ZIP	2676 12TH ST VERO BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	KINCAID, TOM
CITY-ST-ZIP	7703 SANTA CLARA BLVD FT PIERCE FL
TITLE	<input type="checkbox"/> Delete
NAME	S
STREET ADDRESS	SAGE, JAY
CITY-ST-ZIP	2240 CORTEZ VERO BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	MOON, DAVE
CITY-ST-ZIP	6655 52ND AVE VERO BEACH FL
TITLE	<input type="checkbox"/> Delete
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	
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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)(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: *Hubert E. King* **HUBERT E. KING**

4/10/00

561-562-5904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)