

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90356 005 ****61.25

DOCUMENT # 740971



1. Entity Name
**FIRST CHURCH OF THE NAZARENE, INC., VERO BEACH,
FL**

Principal Place of Business Mailing Address
**1280 27TH AVE 1280 27TH AVE
VERO BCH FL 32960 VERO BCH FL 32960**

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**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

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

(NOTE: Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> Delete
NAME	STRUMAS, DAN	
STREET ADDRESS	4502 SUNSET	
CITY-ST-ZIP	VERO BEACH, FL 0	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	KING, REV HUBERT E	
STREET ADDRESS	2676 12TH ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINCAID, TOM	
STREET ADDRESS	7703 SANTA CLARA BLVD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBISON, JAMES	
STREET ADDRESS	1885 38TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOON, DAVE	
STREET ADDRESS	6655 52ND AVE	
CITY-ST-ZIP	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		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold Doverspike	
STREET ADDRESS	1106 22nd Ct.	
CITY-ST-ZIP	Vero Beach, FL 32960	
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: *[Signature]*

4/17/03 772-562-5904

CR2E037 (10/02)