

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90200 011 ****61.25

DOCUMENT # 745572

1. Entity Name

FIRST CHURCH OF THE NAZARENE OF POMPANO BEACH, I

Principal Place of Business

Mailing Address

916 NE 4TH STREET
 POMPANO BEACH FL 33060

916 NE 4TH STREET
 POMPANO BEACH FL 33060-6416

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

59-0939946

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name

Street Address (R.O.-Box Number is Not Acceptable)

City

FL

Zip Code

RANDALL, JAMES R
732 N.E. 4TH ST.
POMPANO BEACH FL 33060

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:
FEF 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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RANDALL, JAMES | |
| STREET ADDRESS | 732 N.E. 4TH STREET | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LEFFEY, KEN | |
| STREET ADDRESS | 5521 LAKESIDE DR, APT 101 | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | PURINTON, DAVID SR. | |
| STREET ADDRESS | 2548 SE 13TH COURT | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PURINTON, DAVID S | |
| STREET ADDRESS | 2548 SE #TH CT | |
| CITY-ST-ZIP | POMPANO BEACH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LASSEN, LINDA | |
| STREET ADDRESS | 817 SE 13 CT | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| 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 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: *Randall James* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000
 Date

(954) 942-6010
 Daytime Phone #