

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746153

1. Entity Name

UNITED CHURCH OF THE NAZARENE, INC.

Principal Place of Business

1320 S. CHICKASAW TRAIL
ORLANDO FL 32825

Mailing Address

1320 S. CHICKASAW TRAIL
ORLANDO FL 32825

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

59-1882975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOSEPH
1320 S CHICKASAW TRAIL
ORLANDO FL 32825

7. Name and Address of New Registered Agent

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

T
NAME WILLIAMS, JOSEPH M.
STREET ADDRESS 4106 LILLIAN HALL LANE
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S
NAME LEWIS, RANDY
STREET ADDRESS 4700 ROCKLEDGE
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
NAME YATES, REV. ROBERT
STREET ADDRESS 1320 S CHICKASAW TRAIL
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

T
NAME MARSHALL, WILLIAM PENN
STREET ADDRESS 8734 PEPPERCORN
CITY-ST-ZIP ORLANDO FL ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

T
NAME BENTON, LOWELL
STREET ADDRESS 7340 B. DANIEL WEBSTER DRIVE
CITY-ST-ZIP WINTER PARK FL ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Joseph Williams 4/8/02 407-275-6025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6025

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90155 025 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)