

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-NP

CR2E037 (10/03)

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**TS  
WILLIAMS, JOSEPH M.  
338 HAMMOCK DUNES PLACE  
ORLANDO, FL 32828**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000250370  
03/04/05-80008-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

*Joseph Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph Williams 2/28/05 407-275-6025*