

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90124 001 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES



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. 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

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

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

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

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

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

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

407-275-6025

CR2E037 (10/02)