

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90001 037 ***158.75

80085678

DO NOT WRITE IN THIS SPACE

DOCUMENT # 747235
 1. Entity Name **FIRST CHURCH OF THE NAZARENE
 OF WINTER HAVEN FLORIDA, INC.**

Principal Place of Business **560 THIRD ST SW
 WINTER HAVEN FL 33880**
 Mailing Address **P.O. BOX 819
 WINTER HAVEN FL
 33882-0819**

2. Principal Place of Business **Same**
 Suite, Apt. #, etc.

3. Mailing Address **Same**
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **59-1896521**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent
Gerald Woods, President
314 Lake Mariam Blvd
Winter Haven, FL 33884

7. Name and Address of New Registered Agent
 Name **Gerald Woods, President**
 Street Address (P.O. Box Number is Not Acceptable) **314 Lake Mariam Blvd**
 City **Winter Haven** **FL** Zip Code **33884**

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  **GERALD WOODS** **4/20/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GERALD WOODS 314 LAKE MARIAM BLVD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOM WHITESIDES 5010 ELOISE LOOP RD WINTER HAVEN FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAUL EBRIGHT 4046 CYPRESS LANDING EAST WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RANCE HAFNER 230 OLD SPANISH WAY WINTER HAVEN, FL 33884 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PEGGY ROBNETT 337 OKALOOSA DR WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLES BLAKE 969 LA QUINTA BLVD WINTER HAVEN FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EARL RASH 9 EDWARDS SHORES HAINES CITY FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BECKY PAYNE 2980 PLANTATION RD S WINTER HAVEN FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KEN MELTON 739 LAKE MARTHA DR NE WINTER HAVEN FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KEN LAWRENCE 353 ESCAMBIA DRIVE SE WINTER HAVEN FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DON CARROLL 4925 CYPRESS GARDENS RD #3 WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VONNIE DAVIS 110 COVINGTON COVE SE WINTER HAVEN FL 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **PEGGY ROBNETT** **4/20/00** **(863) 324-2517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)