

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747307

1. Entity Name

NORTH JACKSONVILLE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

320 CLARK ROAD
JACKSONVILLE FL 32218-5508

Mailing Address

320 CLARK ROAD
JACKSONVILLE FL 32218-5508

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

59-6543222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWSON, DAVE
3334 E. SHENANDOAH DR.
ORANGE PARK FL 32065

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

TITLE PD ☐ Delete
NAME LAWSON, DAVE
STREET ADDRESS 3334 E. SHENANDOAH DR.
CITY-ST-ZIP ORANGE PARK FL

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

TITLE SD ☒ Delete
NAME WELLS, DARLENE
STREET ADDRESS 11284 BRUCE DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☒ Change ☐ Addition
NAME Crystal H. Riner
STREET ADDRESS 11226 Duval Road
CITY-ST-ZIP Jacksonville, FL 32218

TITLE TD ☐ Delete
NAME DENNIS, ELIZABETH
STREET ADDRESS 2344 3RD AVE.
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Dave Lawson, PD 4/9/00 (904) 765-6991

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90068 019 ****61.25

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DO NOT WRITE IN THIS SPACE