

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 747307**

1. Entity Name

**NEW HOPE 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 &amp; State

City &amp; 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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

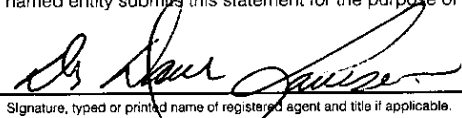
City

**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

**Dave Lawson, Ph.D., Th.D.****April 15, 2002**

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

TITLE **PD** ☐ Delete  
NAME **LAWSON, DAVE**  
STREET ADDRESS **3334 E. SHENANDOAH DR.**  
CITY-ST-ZIP **ORANGE PARK FL**TITLE **SD** ☐ Delete  
NAME **RINER, CRYSTAL H**  
STREET ADDRESS **11228 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 **TD** ☒ Delete  
NAME **BYOUS, MARTHA**  
STREET ADDRESS **7709 DELAROCHE DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☒ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Change ☒ AdditionNAME **Patricia McMillan**  
STREET ADDRESS **2640 Scott Mill Drive**  
CITY-ST-ZIP **Jacksonville, FL 32213**TITLE ☐ Change ☐ AdditionNAME  
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**Dave Lawson, Ph.D., Th.D.,****April 15, 2002****(904) 765-6991**

Date

Daytime Phone #

**838909**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)