

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90008 031 ****61.25

DOCUMENT # 747626

1. Entity Name

FERN PARK CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

141 O'BRIEN RD
 FERN PARK FL 32730

141 O'BRIEN RD
 FERN PARK FL 32730-2805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2080856

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

CRAIGO, G (GALEN) CRAIGO
600 FREYER DRIVE
LONGWOOD FL 32750

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 Delete
 NAME **D HAUCK, RICHARD**
 STREET ADDRESS **105 E. COLEMAN CIRCLE**
 CITY-ST-ZIP **SANFORD FL**

TITLE Change Addition
 NAME **D SHIRLEY HOSTETLER**
 STREET ADDRESS **302 BROADVIEW AVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE Delete
 NAME **T TRIMBLE, JAMES H**
 STREET ADDRESS **620 IVANHOE WAY**
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE Change Addition
 NAME **D CAROLYN COLLIER**
 STREET ADDRESS **109 MARK DAVID BLVD.**
 CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE Delete
 NAME **D CRAIGO, JAMES G**
 STREET ADDRESS **600 FREYER DR**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE Change Addition
 NAME **D VERNON DUBOIS**
 STREET ADDRESS **219 ADELAIDE BLVD.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE Delete
 NAME **S CRAIGO, LOIS S**
 STREET ADDRESS **600 FREYER DR**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P WRIGHT, RANDALL K REV**
 STREET ADDRESS **141 O'BRIEN RD**
 CITY-ST-ZIP **FERN PARK 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

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: _____

James H. Trimble Treasurer 2/17/00 407-831-4693
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)