

2000 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

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

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

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

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

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

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

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

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

TITLE P ☐ Delete
NAME 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 2/17/00 407-831-4692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2080856 ☐ Applied For ☐ Not Applicable

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

CR2E037 (9/99)