

# 2002 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

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

59-2080856

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

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

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

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

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

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

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

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

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

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

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

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  
JAMES H. TRIMBLE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/02 407-831-4692  
Date Daytime Phone #

FILED  
Mar 19, 2002 8:00 am  
Secretary of State

03-19-2002 90006 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)