

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90411 005 \*\*\*\*61.25

0101967

**DOCUMENT # 747802**

1. Entity Name

**GULFPORT CHURCH OF THE NAZARENE**



Principal Place of Business

**1000-55TH STREET SOUTH  
GULFPORT FL 33707**

Mailing Address

**1000-55TH STREET SOUTH  
GULFPORT FL 33707**

2. Principal Place of Business

**1000 55th Street South**

Suite, Apt. #, etc.

3. Mailing Address

**1000 55th Street South**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Gulfport FL**

City & State

**Gulfport FL**

4. FEI Number **59-1696007**

Applied For

Not Applicable

Zip

**33707**

Country

**United States**

Zip

**33707**

Country

**United States**

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

6. Name and Address of Current Registered Agent

**COUCHMAN, KENNETH L REV  
5401 17TH AVENUE SOUTH  
GULFPORT FL 33707**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BARRICELLA, LORRAINE**  
STREET ADDRESS **5417 JESSEY AVE SOUTH**  
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **TT** ☐ Delete  
NAME **GROSSO, MARIE**  
STREET ADDRESS **5405 11TH AVE SOUTH**  
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **T** ☐ Delete  
NAME **PEPPER, JEANETTE**  
STREET ADDRESS **250 58TH STREET NORTH #212**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **D** ☒ Delete  
NAME **WHITEHEAD, JUDY**  
STREET ADDRESS **5425 11TH AVE SOUTH**  
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **P** ☐ Delete  
NAME **COUCHMAN, JENNIFER**  
STREET ADDRESS **5401 17TH AVE SOUTH**  
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **P** ☐ Delete  
NAME **COUCHMAN, KENNETH**  
STREET ADDRESS **5401 17TH AVE SOUTH**  
CITY-ST-ZIP **GULFPORT FL 33707**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Ruth Ann Pauley**  
STREET ADDRESS **4840 Harding Road**  
CITY-ST-ZIP **St. Petersburg FL 33709**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

**4-28-03**

**727-321-1598**

CR2E037 (10/02)