

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90084 021 ****61.25

0027881

DOCUMENT # 748811

1. Entity Name

EVANGEL TEMPLE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

**904 GRAND CAYMAN COURT
 POB 585006 35858
 ORLANDO FL 32835
 US**

**904 GRAND CAYMAN CT
 POB 585006 32858
 ORLANDO FL 32835
 US**

543197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1882831

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COLEMAN, MARGARET J.
 904 GRAND CAYMAN CT
 ORLANDO FL 32835**

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	P	<input type="checkbox"/> Delete
NAME	HIRES, ROBERT L	
STREET ADDRESS	4116 BRINNELL AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	F	<input type="checkbox"/> Delete
NAME	COLEMAN, MARGARET	
STREET ADDRESS	904 GRAND CAYMAN COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	T	<input type="checkbox"/> Delete
NAME	BELLAMY, BENNIE	
STREET ADDRESS	4523 ARCH STREET	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMONS, MARY F.	
STREET ADDRESS	4117 KALWIT LANE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> Delete
NAME	INGRAM, FLORA N.	
STREET ADDRESS	3721 WILTS STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

Rev. Robert L. Hires, Rev. Robert L. Hires

April 23, 01

407-299-4612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)