

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749538

1. Entity Name

CENTRAL FLORIDA DISTRICT CHURCH OF THE NAZARENE,

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90001 034 ***61.25

Principal Place of Business

Mailing Address

P.O. BOX 5680
LAKELAND FL 33807-5680

P.O. BOX 5680
LAKELAND FL 33807-5680

A0005817



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

59-0917278

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

DENNIS, LARRY D.
4777 LAKELAND HIGHLANDS ROAD
LAKELAND FL 33813

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

T
NAME
EGIDIO, STEPHEN C
STREET ADDRESS
4409 HARDENOAK TRAIL
CITY-ST-ZIP
LAKELAND FL ☐ Delete

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

S
NAME
DENNIS, LARRY D.
STREET ADDRESS
4777 LAKELAND HIGHLANDS ROAD
CITY-ST-ZIP
LAKELAND FL ☐ Delete

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

PD
NAME
FULLER, GENE
STREET ADDRESS
4720 CLEVELAND HTS. BLVD.
CITY-ST-ZIP
LAKELAND FL ☐ Delete

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

D
NAME
KIRBY, CHARLES
STREET ADDRESS
7019 PARLIMANT
CITY-ST-ZIP
LAKELAND FL ☐ Delete

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

D
NAME
DAVIS, CHARLES
STREET ADDRESS
110 COVINGTON COVE
CITY-ST-ZIP
WINTER HAVEN FL ☐ Delete

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

Stephen C. Egidio

Stephen C. Egidio, Treas. 1-4-2000 (863) 644-9331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)