

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754365

1. Entity Name

THE ARCADIA FIRST CHURCH OF THE NAZARENE, INC.

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

04-19-2000 90392 022 ****61.25

Principal Place of Business

Mailing Address

132 WEST GIBSON STREET
ARCADIA FL 34266
US

132 WEST GIBSON STREET
ARCADIA FL 34266-4534
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0954124

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

TWOHIA, DORIS
710 E. MAPLE ST
ARCADIA FL 34266

Name

Herbert DeWeese

Street Address (P.O. Box Number is Not Acceptable)

1885 NE Voss Oaks Circle

City

Arcadia,

FL

Zip Code
34266

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 Herbert DeWeese, Church Secretary Herbert DeWeese April 7, 2000

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** ☒ Delete
NAME **RUCKER, DONALD N**
STREET ADDRESS **523 CLARK LANE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **Pastor** ☒ Change ☐ Addition
NAME **Crimmins, Kevin C., Sr.**
STREET ADDRESS **523 Clark Lane**
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE **D** ☒ Delete
NAME **RYAN, DONALD**
STREET ADDRESS **2049 GOOLSBY ST**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **D** ☒ Change ☐ Addition
NAME **Bordner, Gary**
STREET ADDRESS **4925 NW Dill Ave., P.O. Box 1708**
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE **D** ☒ Delete
NAME **BAIRD, ROBERT**
STREET ADDRESS **1231 SE VERMONT AVE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **D** ☒ Change ☐ Addition
NAME **Donna Brown**
STREET ADDRESS **1712 Pear St.**
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE **D** ☒ Delete
NAME **TURNER, SHARON**
STREET ADDRESS **3409 S.E. COUNTY RD., C-760**
CITY-ST-ZIP **ARCADIA, FL 00000 34266**

TITLE **D** ☒ Change ☐ Addition
NAME **Daisy Waldron**
STREET ADDRESS **1278 SE Lake Rd.**
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE **D** ☐ Delete
NAME **BROWN, ELIZABETH**
STREET ADDRESS **1722 N.E. TRISHA AVE.**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **D** ☐ Change ☐ Addition
NAME **Maick, Barbara**
STREET ADDRESS **5097 NW Dill Rd.**
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE **SD** ☒ Delete
NAME **HILL, JERRY**
STREET ADDRESS **4337 NE HWY 17**
CITY-ST-ZIP **ARCADIA FL 34266**

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** Herbert L. DeWeese 4-12-00 491-5414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)