2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 754365

FILED Jan 03, 2003 Secretary of State

Entity Name: THE ARCADIA FIRST CHURCH OF THE NAZARENE, INC.

New Principal Place of Business: Current Principal Place of Business: 132 WEST GIBSON STREET ARCADIA, FL 34266 **Current Mailing Address: New Mailing Address:** 132 WEST GIBSON STREET ARCADIA, FL 34266 FEI Number: 59-0954124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEWEESE, HERBERT 1885 NE VÓSS OAKS CIRCLE ARCADIA, FL 34266 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CRIMMINS, KEVINS C SR Name: Name: 523 CLARK LANE Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: Title: () Delete () Change () Addition BORDNER, GARYU Name: Name: Address: 4925 NW DILL AVE. P.O. BOX 1708 Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, DONNA Name: Name: Address: 1712 PEAR ST Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PALMER, CARLAS Name: 1751 NE MIKE STREET Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, ELIZABETH Name: Name: 1722 N.E. TRISHA AVE. Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: () Change () Addition BARBARA, MAICK Name: Name: Address: 5097 NW DILL RD Address: ARCADIA, FL 34266 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN C. CRIMMINS SR. DR. 01/03/2003