

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90049 034 \*\*\*\*61.25

**DOCUMENT # 754992**

1. Entity Name

**FIRST CHURCH OF THE NAZARENE, INCORPORATED BARTO**

Principal Place of Business

Mailing Address

BARTOW, FLORIDA  
 950 S. FLORAL AVE.  
 BARTOW FL 33830

BARTOW, FLORIDA  
 950 S. FLORAL AVE.  
 BARTOW FL 33830-5507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6537862**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASSICK, RICHARD**  
**840 SHADYLANE**  
**BARTOW FL 33830**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BETZ, JON M</b>	
STREET ADDRESS	<b>10 LOMA LINDA DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, VICKY</b>	
STREET ADDRESS	<b>344 EAGLE LOOP ROAD</b>	
CITY-ST-ZIP	<b>EAGLE LAKE FL 33880</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BERNOR, GLENN</b>	
STREET ADDRESS	<b>713 ROSE ST. LOT #1</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, ELMER</b>	
STREET ADDRESS	<b>2535 HWY. 98 E</b>	
CITY-ST-ZIP	<b>FT. MEADE FL 33841</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASSICK, FRED</b>	
STREET ADDRESS	<b>3539 GARRARD ROAD</b>	
CITY-ST-ZIP	<b>FT. MEADE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GLISSON, WINTRON</b>	
STREET ADDRESS	<b>ROUTE 1, BOX 1081</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, ROBERT</b>	
STREET ADDRESS	<b>280 W. HOOKER ST.</b>	
CITY-ST-ZIP	<b>BARTOW, FLA. 33830</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELEANOR M. CASSICK</b>	
STREET ADDRESS	<b>3539 GARRARD RD.</b>	
CITY-ST-ZIP	<b>FT. MEADE, FL. 33841</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, NORMA</b>	
STREET ADDRESS	<b>2539 HWY. 98 E.</b>	
CITY-ST-ZIP	<b>FT. MEADE, FL 33841</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUTH CASSICK</b>	
STREET ADDRESS	<b>4032 LEMON ST.</b>	
CITY-ST-ZIP	<b>HIGHLAND CITY, FLA. 33846</b>	
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:

**ELEANOR M. CASSICK**  
 TREASURER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/00**  
 Date

**863-537-1149**  
 Daytime Phone #

CR2E037 (9/99)