

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90040 047 ****61.25

DOCUMENT # 754992

1. Entity Name

FIRST CHURCH OF THE NAZARENE, INCORPORATED BARTO

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6537862

Applied For

Not Applicable

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

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEWIS, ROBERT
280 W HOOKER ST
BARTOW FL 33830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CASSICK, ELEANOR
3539 GARRARD RD.
FT. MEADE, FL. 33841** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~D~~
CARTER, VICKY
344 EAGLE LOOP ROAD
EAGLE LAKE FL 33880** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLENN BERNOR
713 ROSE ST.
AUBURNDALE, FL. 33823** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEWIS, NORMA
2539 HWY 98 E
FORT MEADE FL 33841** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JACK CLARK
6388 PILOT RD.
FT. MEADE, FL. 33841** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEWIS, ELMER
2535 HWY. 98 E
FT. MEADE FL 33841** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ADRIAN NEAL
109 BRAD CIRCLE
WINTER HAVEN, FL. 33880** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASSICK, FRED
3539 GARRARD ROAD
FT. MEADE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**B
MARY ANNE CLARK
6388 PILOT RD.
FT. MEADE, FL. 33841** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASSICK, RUTH
4032 LEMON ST
HIGHLAND CITY FL 33846** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AMY CASSICK
840 SHADY LANE
BARTOW, FL. 33830** ☐ Change ☒ Addition

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.

TREASURER
SIGNATURE: ELEANOR CASSICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2001 (863) 537-1149
Date Daytime Phone #

CR2E037 (10/00)