

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761792

1. Entity Name

CRYSTAL LAKE CHURCH OF THE NAZARENE INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90390 039 \*\*\*\*70.00

Principal Place of Business	Mailing Address
<del>C/O WILSON, CHARLES K</del> 2119 N CRYSTAL LAKE DR LAKELAND FL 33801 US	<del>C/O WILSON, CHARLES K</del> 2119 N CRYSTAL LAKE DR LAKELAND FL 33801-6522 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Crystal Lake Church	Crystal lake Church Of
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Of The Nazarene	The nazarene
City & State	City & State
2119 N Crystal Lake Dr.	
Zip	Country
33801	

4. FEI Number	Applied For
59-1869261	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<del>WILSON, CHARLES K</del> 2119 N. CRYSTAL LAKE DRIVE LAKELAND FL 33801	Name David C. Barton Street Address (P.O. Box Number is Not Acceptable) 2119 N. Crystal Lake Drive City Lakeland FL Zip Code 33801

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.

David C. Barton  
 SIGNATURE *David C. Barton* Apr 25, 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: *Michael T. Jack* Michael T. Jack, P/4-25-2000 863 665-4306  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)