

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90071 007 \*\*\*\*61.25

**DOCUMENT # 765794**

1. Entity Name

**BELLEVUE CHURCH OF THE NAZARENE, INC.**

Principal Place of Business

Mailing Address

P O BOX 1240  
 12410 S HWY 301  
 BELLEVUE FL 34421  
 US

P O BOX 1240  
 12410 S HWY 301  
 BELLEVUE FL 34421  
 US

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

**59-1768085**

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

**WARCHOL, GARY R**  
**12410 SE HWY 301**  
**BELLEVUE FL 34420**

DELETE

Name

**Larry C. Brincefield**

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

**12410 SE HWY 301**

**P.O. Box 1240**

City

**Belleview,**

**FL**

Zip Code  
**34420**

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 *Larry C. Brincefield*  
**Larry C. Brincefield, President**

**April 12, 2001**

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	<b>P</b> <b>WARCHOL, GARY</b> <b>12410 SE HWY 301, P O BOX 1240</b> <b>BELLEVUE, FL 00000 40</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHORT, GARY</b> <b>13259 S E 49TH COURT</b> <b>BELLEVUE FL 34420</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NEWBY, MARILYN</b> <b>13229 S E 49TH COURT</b> <b>BELLEVUE FL 34420</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MUFFET, EARL</b> <b>4680 SE 166TH ST</b> <b>SUMMERFIELD FL 34491</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SALVADOR, RIVERA</b> <b>14497 SW 42ND TERR. RD</b> <b>OCALA FL 34473</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Larry C. Brincefield</b> <b>P.O. Box 1240</b> <b>Belleview, FL 0000 40</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b>  <b>(Change from Trustee to Treas.)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Carolyn S. Short</b> <b>13259 S. E. 49th Court</b> <b>Belleview, FL. 34420</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Lowell VanVorce</b> <b>13129 S.E. 49th Court</b> <b>Belleview, FL. 34420</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Carolyn S. Short*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**(352) 307-0752**

**4/12/01**

Daytime Phone #

CR2E037 (10/00)