

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

BELLEVUE CHURCH OF THE NAZARENE, INC.

FILED

02 JUN -5 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12410 S.E. Highway 301

Suite, Apt. #, etc.

Bellevue, FL.

City & State

34420

USA

Zip

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1768085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Larry C. Brincefield

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

12410 SE HWY 301

City

Bellevue

FL

Zip Code

34420

**DO NOT WRITE  
IN THIS SPACE**

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, President

Signature, typed or printed name of registered agent and title if applicable.

May 28, 2002

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE NAME	President
STREET ADDRESS CITY- ST- ZIP	Larry C. Brincefield 12410 SE HWY 301 Bellevue, FL 34420
TITLE NAME	Treasurer
STREET ADDRESS CITY- ST- ZIP	SHORT, GARY 13259 S E 49th Court Bellevue, FL 34420
TITLE NAME	Secretary
STREET ADDRESS CITY- ST- ZIP	SHORT, CAROLYN 13259 SE. 49th Court Bellevue, FL. 34420
TITLE NAME	Trustee
STREET ADDRESS CITY- ST- ZIP	MUFFETT, EARL 4680 SE 166th Street Summerfield, FL. 34491
TITLE NAME	Trustee
STREET ADDRESS CITY- ST- ZIP	VANVORCE 13129 S.E. 49th Court Bellevue, FL. 34420
TITLE NAME	
STREET ADDRESS CITY- ST- ZIP	

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CR20038 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE Carolyn S. Short Carolyn S. Short, Secretary 5/28/02 352-307-0752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 2