

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90069 015 ****61.25

DOCUMENT # 765794

1. Entity Name

BELLEVUE CHURCH OF THE NAZARENE, INC.



Principal Place of Business

Mailing Address

**12410 SE HIGHWAY 301
BELLEVUE FL 34420
US**

**12410 SE HIGHWAY 301
BELLEVUE FL 34420
US**

55039503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1768085**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRINCEFIELD, LARRY C
12410 SE HIGHWAY 301
BELLEVUE FL 34420**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BRINCEFIELD, LARRY C	
STREET ADDRESS	12410 SE HIGHWAY 301	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHORT, GARY	
STREET ADDRESS	13259 SE 49TH COURT	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHORT, CAROLYN	
STREET ADDRESS	13259 SE 49TH COURT	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MUFFETT, EARL	
STREET ADDRESS	4680 SE 166TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VANVORCE, LOWELL	
STREET ADDRESS	13129 SE 409TH COURT	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA EGART	
STREET ADDRESS	15154 SE HWY 301	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	DAVID DEAL	
CITY-ST-ZIP	16151 SE 156th Pl. Rd.	
	Weirsdale, FL 32195	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSTEE	
STREET ADDRESS	DAVID DEAL	
CITY-ST-ZIP	16151 SE 156th Pl. Road	
	Weirsdale, FL 32195	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Head Steward	
STREET ADDRESS	MARY MILLER	
CITY-ST-ZIP	7155 SE 119th Place	
	Bellevue, FL 34420	
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: BRENDA EGART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

245-2315

Date

Daytime Phone #

CR2E037 (10/02)