2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 28, 2002 8:00 am
Secretary of State
02-13-2002 90196 047 ****70.03

DOCUMENT # N00000000514

1. Entity Name

CHRIST CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
800 SO. DELANEY AVE. AVON PARK FL 33825	900 SO. DELANEY AVE. AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 S. DElaney AVe	900 S. DElaney AVe
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Avon park	City & State: Avon park 71
Zip: 33825 Country: U.S.A	Zip: 33825 Country: U.S.A

4. FEI Number APPLIED FOR 650964082 ☐ 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
JOSEPH, BELIZAIRE REV. 2012 AVALON RD SEBRING FL 33870	Name: Belizaire Joseph Street Address (P.O. Box Number is Not Acceptable): 2012 Avalon Rd City: Sebring FL FL Zip Code: 33870

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] 1-21-02
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	D JOSEPH, BELIZAIRE REV. 2012 AVOLON RD. SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOR, GERDINE HIGHLAND AVE AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAXIME, ALPHONSUS 309 W. BELL STREET AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD DOR, DORSON HIGHLAND AVE AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST. LOUISN, JEANNOT 19 W. CIRCLE STREET AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 1/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAX 8614774891 IRS TELETIN Attachment # 30918 001/001

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN: No 000000000

OMB No. 1545-0003

514

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested: CHURCH of the NAZARENE — 65-0964082

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name: REV AL MAXIME

4a Mailing address (room, apt., suite no. and street, or P.O. box): 900 S. Delaney Ave

5a Street address (if different) (Do not enter a P.O. box.): 309 W. BELL ST

4b City, state, and ZIP code: Avon Park

5b City, state, and ZIP code: Avon park fl 33825

6 County and state where principal business is located: HIGHLANDS Florida

7a Name of principal officer, general partner, grantor, owner, or trustor: Rev ALPHONSUS MAXIME

7b SSN, ITIN, or EIN: 592-54187

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ ____
- ☐ Personal service corp.
- ☑ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ____
- ☐ Other (specify) ▶ ____
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☐ Trust (SSN of grantor) ____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises
- Group Exemption Number (GEN) ▶ ____

FAD 5/16/02 SR

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: ____ Foreign country: ____

252C 5/16/02

9 Reason for applying (check only one box)

- ☐ Started new business (specify type) ▶ ____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶ TAX ID # NEEDED
- ☐ Banking purpose (specify purpose) ▶ ____
- ☐ Changed type of organization (specify new type) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ____
- ☐ Created a pension plan (specify type) ▶ ____

10 Date business started or acquired (month, day, year)

11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶ — Agricultural: ____ Household: ____ Other: ____

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
- ☐ Other (specify) CHurch Services

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? ☑ Yes ☐ No

Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ CHRIST CHurch of The NAZARENE Trade name ▶ Church

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year): 12-6-99 — City and state where filed: Avon park fl — Previous EIN: 65 0964082

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: ALPHONSUS MAXIME 33825 — Designee's telephone number (include area code): (863) 453-0588

Address and ZIP code: 309 W. BELL ST Avon park fl — Designee's fax number (include area code): (863) 471-2976

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Alphonsus MAXIME — Applicant's telephone number (include area code): (863) 452-9006

Signature ▶ A Max — Date ▶ — Applicant's fax number (include area code): ( ) None

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)