

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003682

1. Entity Name

POINCIANA ALABASTER CHURCH OF THE NAZARENE, INC.

Principal Place of Business

665 N. DELMONTE CT.  
KISSIMMEE FL 34758

Mailing Address

665 N. DELMONTE CT.  
KISSIMMEE FL 34758

2. Principal Place of Business

665 N. DELMONTE CT

Suite, Apt. #, etc.

3. Mailing Address

665 N. DELMONTE CT

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip  
34758

Country

USA

City & State

KISSIMMEE, FL

Zip  
34758

Country

USA

4. FEI Number

59-3628613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOLANO, CLAUDE PASTOR  
665 N. DELMONTE CT.  
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

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.

SIGNATURE

*Claude*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.14.02

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

TITLE PD  
NAME SOLANO, CLAUDE  
STREET ADDRESS 665 N. DELMONTE CT.  
CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE ST  
NAME SOLANO, RABIAH  
STREET ADDRESS 665 N. DELMONTE CT.  
CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE T  
NAME SOLANO, SUSAN  
STREET ADDRESS 665 N. DELMONTE CT.  
CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*SIGNATURE REQUIRED*

4.14.02 407.933.1128

Date

Daytime Phone #

CR2E037 (9/01)