

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90304 021 *****61.25

DOCUMENT # N00000004200

1. Entity Name

NAZARETH HOLINESS FULL GOSPEL CHURCH OF GOD, INC

Principal Place of Business

401 S.E. 18TH ST.
 CAPE CORAL FL 33990

Mailing Address

401 S.E. 18TH ST.
 CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

401 S.E. 18TH ST

Suite, Apt. #, etc.

401 S.E. 18TH ST

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33990

Country

USA

Zip

33990

Country

USA

4. FEI Number

22-3740149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, LORNA D
401 S.E. 18TH ST.
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name **HARRIS, LORNA D**
 Street Address (P.O. Box Number is Not Acceptable)
401 S.E. 18TH ST.
 City **CAPE CORAL** FL **33990**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, LORNA D 401 S.E. 18TH ST. CAPE CORAL FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, GAYMORE 401 S.E. 18TH ST. CAPE CORAL FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, SHEILA 146-11 223RD ST. ROSEDALE NY 11422	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, EVADNEY 1040 NELSON ST., #1G FAR ROCKAWAY NY 11691	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, R 2018 BARON AVE. ELMONT NY 11003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFFLICK, FAITH 412 E. 33RD ST. PATTERSON NJ 07504	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACROFT OSBOURN 231ST STREET LAURELTON, NY 11413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVERLY EDWARDS 108-26 169TH PLACE JAMAICA, NY 1143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILDRED WATSON 2360 WILSON AVENUE BRONX, NY 10469	<input type="checkbox"/> Change <input checked="" 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		<input 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: **LORNA D HARRIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01 (94) 772-2646
 Date Daytime Phone #

CR2E037 (10/00)