

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004200

1. Entity Name

NAZARETH HOLINESS FULL GOSPEL CHURCH OF GOD, INC

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90041 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

00000010.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3740149**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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

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 **D** ☐ Delete  
NAME HARRIS, LORNA D  
STREET ADDRESS 401 S.E. 18TH ST.  
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE **D** ☐ Delete  
NAME HARRIS, GAYMORE  
STREET ADDRESS 401 S.E. 18TH ST.  
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE **D** ☐ Delete  
NAME ROBERTSON, SHEILA  
STREET ADDRESS 146-11 223RD ST.  
CITY-ST-ZIP ROSEDALE NY 11422

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

TITLE **D** ☐ Delete  
NAME FRANCIS, EVADNEY  
STREET ADDRESS 1040 NEILSON ST., #1G  
CITY-ST-ZIP FAR ROCKAWAY NY 11691

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

TITLE **D** ☐ Delete  
NAME BARRETO, R  
STREET ADDRESS 2018 BARON AVE.  
CITY-ST-ZIP ELMONT NY 11003

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

TITLE **D** ☐ Delete  
NAME LEACROFT, OSBOURN  
STREET ADDRESS 231ST STRETT  
CITY-ST-ZIP LAURELTON NY 11413

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**SKORNA D HARRIS** **3-14-02** **Date**  
**LORNA D HARRIS (941) 772-2646** **Daytime Phone #**

CR2E037 (9/01)