

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91786 036 \*\*\*\*61.25

**DOCUMENT # N00000004726**

1. Entity Name

**SOUTHLAND COMMUNITY CHURCH OF THE NAZARENE, INC.**



Principal Place of Business

**2815 EDEN PKWY  
LAKELAND FL 33801**

Mailing Address

**P O BOX 5057  
LAKELAND FL 33807**

**11041665**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**5315 SOUTH FLORIDA AVENUE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LAKELAND, FLORIDA**

City & State

4. FEI Number **59-3571988**

Applied For

Not Applicable

Zip

**33813**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOGG, STEVE  
4415 FLORIDA NATIONAL DRIVE STE 107  
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2856 FORESTBROOK DRIVE EAST**

City

**FL**

Zip Code

**33811**

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

TITLE **PD** ☐ Delete  
NAME **HOGG, STEVE**  
STREET ADDRESS **2856 FORESTBROOK DR. E.**  
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **ST** ☒ Delete  
NAME **DENNIS, LARRY D**  
STREET ADDRESS **4720 CLEVELAND HOTS BLVD.**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **T** ☒ Delete  
NAME **EGIDIO, MARY**  
STREET ADDRESS **4720 CLEVELAND HGTS BLVD**  
CITY-ST-ZIP **LAKELAND FL 33813**

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 **D** ☐ Change ☒ Addition  
NAME **BRIGLIN, GEORGE**  
STREET ADDRESS **5315 SOUTH FLORIDA AVENUE**  
CITY-ST-ZIP **LAKELAND, FLORIDA 33813**

TITLE **D** ☐ Change ☒ Addition  
NAME **CHAMBERLAIN, SUE**  
STREET ADDRESS **5315 SOUTH FLORIDA AVENUE**  
CITY-ST-ZIP **LAKELAND, FLORIDA 33813**

TITLE **D** ☐ Change ☒ Addition  
NAME **HOOD, CARLETTA**  
STREET ADDRESS **5315 SOUTH FLORIDA AVENUE**  
CITY-ST-ZIP **LAKELAND, FLORIDA 33813**

TITLE **D** ☐ Change ☒ Addition  
NAME **KELSO, KEVIN**  
STREET ADDRESS **5315 SOUTH FLORIDA AVENUE**  
CITY-ST-ZIP **LAKELAND, FLORIDA 33813**

TITLE **D** ☐ Change ☒ Addition  
NAME **KNOWLES, ANDREA**  
STREET ADDRESS **5315 SOUTH FLORIDA AVENUE**  
CITY-ST-ZIP **LAKELAND, FLORIDA 33813**

TITLE **D** ☐ Change ☒ Addition  
NAME **LARSON, GARY**  
STREET ADDRESS **5315 SOUTH FLORIDA AVENUE**  
CITY-ST-ZIP **LAKELAND, FLORIDA 33813**

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**

**4/30/2003 263/944 3964**

CR2E037 (10/02)