

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005501

1. Entity Name

STARKE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

4741 ATLANTIC BLVD. #E4
JACKSONVILLE FL 32207

4741 ATLANTIC BLVD. #E4
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

JENKINS, ORVILLE W JR
2938 DUPONT AVE.
JACKSONVILLE FL 32217

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
After September 12, 2001, min. will be \$236.25

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
JENKINS, ORVILLE W JR
2938 DUPONT AVE.
JACKSONVILLE FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ACHESON, CHARLES
1420 TRAVELERS PALM
EDGEWATER FL 32132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
800004669718-3
-11/06/01-D1084-004
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
MARK R. PATRICK
4040 WOODCROW DRIVE #230
JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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

SIGNATURE REQUIRED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 5:18



DO NOT WRITE IN THIS SPACE

0001041

CR2E037 (5/01)