

FILED

02 OCT 15 PM 12:49

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

874153

DOCUMENT # N00000008478

1. Entity Name

BRIDGEWAY CHURCH OF THE NAZARENE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

421 Longwood/Lake Mary Rd

Suite, Apt. #, etc.

3. Mailing Address

421 Longwood/Lake Mary Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Mary, FLCity & State
Lake Mary, FL

4. FEI Number

593684188

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

Zip

32746

Country

USA

Zip

32746

Country

USA

DO NOT WRITE
IN THIS SPACE

Name

Stevens, Larry

Street Address (P.O. Box Number is Not Acceptable)

285 Shady Oaks Circle

City

Lake Mary

FL

Zip Code

32746

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 necessary)

8/6/2002

DATE

FEE IS \$61.25
Initial or Amended UBR9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, NATHAN P.O. Box 1131 Orlando, FL 32802	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENSMINGER, ANITA P.O. Box 941431 Maitland, FL 32794-1431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEVENS, LARRY 285 Shady Oaks Circle Lake Mary, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Secretary/Treasurer

8/6/2002

407-302-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo

CR2E037B (12/01)

JF 10/15/02