

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90112 005 ****61.25

DOCUMENT # N00008

1. Entity Name

FIRST CHURCH OF THE NAZARENE OF PANAMA CITY, FLO

Principal Place of Business

Mailing Address

3610 W. 17TH STREET
 PANAMA CITY FL 32401
 US

3610 W. 17TH STREET
 PANAMA CITY FL 32401-1113
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6543214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PURL, KIMBERLY A
2605 MICHIGAN AVE
PANAMA CITY FL 32405

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 **P** Delete
 NAME **PURL, KIMBERLY A**
 STREET ADDRESS **2605 MICHIGAN AVE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **TREASURER** Change Addition
 NAME **MELANIE McLaughlin**
 STREET ADDRESS **1213-5 STEPHEN DR.**
 CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **P** Delete
 NAME **PURL, JOSEPH A**
 STREET ADDRESS **2605 MICHIGAN AVE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **SECRETARY** Change Addition
 NAME **CAROL KELLING**
 STREET ADDRESS **7505 SARA LN.**
 CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **D** Delete
 NAME **FLOYD, NICK**
 STREET ADDRESS **3436 ORMOND AVE**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **COPPOLA KATHY**
 STREET ADDRESS **2601 BRIARCLIFF RD**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** Delete
 NAME **COPPOLA ED**
 STREET ADDRESS **2601 BRIARCLIFF RD**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Joseph A. Purl **Joseph A. PURL** 1/20/2000 (850) 763-4852
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)