

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90044 013 ****61.25

SECRET

DOCUMENT # N00008

1. Entity Name
FIRST CHURCH OF THE NAZARENE OF PANAMA CITY, FLO

Principal Place of Business 3610 W. 17TH STREET PANAMA CITY FL 32401 US	Mailing Address 3610 W. 17TH STREET PANAMA CITY FL 32401 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6543214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PURL, KIMBERLY A 2605 MICHIGAN AVE PANAMA CITY FL 32405	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T MCLAUGHLIN, MELANIE 1213-5 STEPHEN DR PANAMA CITY FL 32405	<input type="checkbox"/> Delete	EARL DIETERLY, TRUSTEE 1108 IOWA LYNN HAVEN, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P PURL, JOSEPH A 2605 MICHIGAN AVE PANAMA CITY FL 32405	<input type="checkbox"/> Delete	SECRETARY LYN COLEMAN 2108 PORTLAND RD. LYNN HAVEN, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D FLOYD, NICK 3436 ORMOND AVE PANAMA CITY FL	<input checked="" type="checkbox"/> Delete	TRUSTEE RALPH WHITE 2726 KINGS RD. PANAMA CITY, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T CAPOLLA, KATHY 2601 BRIARCLIFF RD PANAMA CITY FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TR COPPOLA ED 2601 BRIARCLIFF RD PANAMA CITY FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S KERING, CAROL 7505 SARA LN. PANAMA CITY FL 32404	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rev. Joseph A. Purl* **Joseph A. Purl** 1/10/01 850-763-4852
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)