

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90122 030 ****61.25

DOCUMENT # N00008
 1. Entity Name
**FIRST CHURCH OF THE NAZARENE OF PANAMA CITY, FLO
 RIDA, INC.**

Principal Place of Business 3610 W. 17TH STREET PANAMA CITY FL 32401 US	Mailing Address 3610 W. 17TH STREET PANAMA CITY FL 32401 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PURL, KIMBERLY A
 2605 MICHIGAN AVE
 PANAMA CITY FL 32405**

4. FEI Number **59-6543214** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____
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	
T NAME: MCLAUGHLIN, MELANIE STREET ADDRESS: 1213-5 STEPHEN DR CITY-ST-ZIP: PANAMA CITY FL 32405	<input type="checkbox"/> Delete
P NAME: PURL, JOSEPH A STREET ADDRESS: 2605 MICHIGAN AVE CITY-ST-ZIP: PANAMA CITY FL 32405	<input type="checkbox"/> Delete
TR NAME: DIETERLY, EARL STREET ADDRESS: 1108 IOWA CITY-ST-ZIP: LYNN HAVEN FL 32444	<input type="checkbox"/> Delete
S NAME: COLEMAN, LYN STREET ADDRESS: 2108 PONTLAND RD. CITY-ST-ZIP: LYNN HAVEN FL 32444	<input type="checkbox"/> Delete
TR NAME: WHITE, RALPH STREET ADDRESS: 2726 KINGS RD. CITY-ST-ZIP: PANAMA CITY FL 32405	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: 330 Floyd Dr. CITY-ST-ZIP: Lynn Haven, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 2108 Pentland Rd. CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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: *Kimberly A Purl* **1/31/02** 850-763-4852

CR2E037 (9/01)