

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

04-18-2003 90199 039 ****61.25

DOCUMENT # NO1000000548

1. Entity Name
HOPE IN CHRIST CHURCH OF THE NAZARENE, INC.



Principal Place of Business Mailing Address
4832A NORTH MAIN STREET JACKSONVILLE FL 32208 *1903 N Market St* **PO BOX 9773 JACKSONVILLE FL 32208**

55046320



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business *1903 N Market St*
Suite, Apt. #, etc. *Jacksonville*

3. Mailing Address
PO Box 9773
Suite, Apt. #, etc.

City & State *Florida* City & State *Jacksonville FL*

Zip *32206* Country *USA* Zip *32208* Country *USA*

4. FEI Number **59-3614693** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHARLES, GIDEON
7207 FERNANDINA BLVD.
JACKSONVILLE FL 32208

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **GIDEON CHARLES** *4/13/03*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLES, GIDEON	
STREET ADDRESS	7207 FERNANDINA AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRISON, LERLY	
STREET ADDRESS	6330 BURGANDY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEST, PATRICIA	
STREET ADDRESS	6835 KING ARTHUR ROAD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHARLES, SYLMA	
STREET ADDRESS	7207 FERNANDINA AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MACK, ELTON	
STREET ADDRESS	2591 LONE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Reinstated West	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6835 King Arthur Rd N.	
CITY-ST-ZIP	Jacksonville FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **CHARLES** *4/13/03*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)