

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001203

1. Entity Name

FIRST CHURCH OF THE NAZARENE PAHOKEE, INC.

Principal Place of Business

Mailing Address

480 BACOM POINT RD.  
PAHOKEE FL 33476

480 BACOM POINT RD.  
PAHOKEE FL 33476

2. Principal Place of Business

3. Mailing Address

P.O. Box 242

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pahokee, FL.

Zip

Country

Zip

Country

Palm Beach

4. FEI Number

59-2534515

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, GERALD H REV.  
480 BACOM POINT RD.  
PAHOKEE FL 33476

7. Name and Address of New Registered Agent

Moore, Danny R. Rev.

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

480 Bacom Point Road

City

Pahokee

FL

Zip Code

33476

8. The above named entity certifies 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

*Danny R. Moore*

10-1-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

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 NAME	D ALEXANDER, GERALD H REV.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	157 S. GREENSTAR AVE.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE NAME	D MOORE, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	18241 S.W. CONNERS HWY.	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE NAME	D MOORE, DANNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17200 U.S. 441 NORTH CANAL	
CITY-ST-ZIP		
TITLE NAME	D CARTER, WAYNE	<input type="checkbox"/> Delete
STREET ADDRESS	13034 HWY. 441	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE NAME	D PEACOCK, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	2582 S.W. 14TH TERR.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE NAME	D NICHOLS, REBECCA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	424 S.E. AVE. E, APT. #3	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE NAME	D Moore, Danny R. Rev.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17200 U.S. 441 N. Canal Point Fl.	
CITY-ST-ZIP	33438	
TITLE NAME	D Powell, Stuart	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	271 Parkview Ct.	
CITY-ST-ZIP	Pahokee, FL. 33476	
TITLE NAME	D Carter, Rita	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13034 U.S. 441 North	
CITY-ST-ZIP	Canal Point Fl. 33438	

CR2E037 (4/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED *Danny R. Moore* 9-18-02 / 561-924-2587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
02 SEP 23 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
42836



DO NOT WRITE IN THIS SPACE