

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90168 046 \*\*\*\*61.25

**DOCUMENT # N01000001203**

1. Entity Name

**FIRST CHURCH OF THE NAZARENE PAHOKEE, INC.**



Principal Place of Business

**480 BACOM POINT RD.  
PAHOKEE FL 33476**

Mailing Address

**POST OFFICE BOX 242  
PAHOKEE FL 33476**

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 **59-2534515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, DANNY R REV  
480 BACOM POINT RD.  
PAHOKEE FL 33476**

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

*Rev. Danny R. Moore*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-22-03**

**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 checked="" type="checkbox"/> Delete
NAME	MOORE, DANNY R REV	
STREET ADDRESS	17200 US 441N	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, RAYMOND	
STREET ADDRESS	19211 S.W. CONNERS HWY.	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, STUART	
STREET ADDRESS	271 PARKVIEW CT	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, WAYNE	
STREET ADDRESS	13034 HWY. 441	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEACOCK, BRENDA	
STREET ADDRESS	2582 S.W. 14TH TERR.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, RITA	
STREET ADDRESS	13034 US 441 NORTH	
CITY-ST-ZIP	CANAL POINT FL 33438	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DANNY R. Rev	
STREET ADDRESS	157 South Greenstar Ave.	
CITY-ST-ZIP	PAHOKEE FL. 33476	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, STUART	
STREET ADDRESS	271 Parkview Ct.	
CITY-ST-ZIP	PAHOKEE FL. 33476	

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. Danny R. Moore*  
Signature of Registered Agent

**4-22-03**

**581-924-2587**

CR2E037 (10/02)