

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90199 005 \*\*\*\*61.25

**DOCUMENT # N01000001747**

1. Entity Name

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



Principal Place of Business  
**511 WEST PALMETTO STREET  
WAUCHULA FL 33873**

Mailing Address  
**511 WEST PALMETTO STREET  
WAUCHULA FL 33873**

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 **50-2166846**  
**59-3637133**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**CHRISTOPHER, CHRIS  
511 WEST PALMETTO STREET  
WAUCHULA FL 33873**

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

*Chris Christopher* **Chris Christopher**

**Mar 22, 2003**

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

TITLE ☐ Delete  
NAME **D CHRISTOPHER, CHRIS**  
STREET ADDRESS **511 WEST PALMETTO STREET**  
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Delete  
NAME **D FINCH, MARY JEAN**  
STREET ADDRESS **3051 MEADOW LANE**  
CITY-ST-ZIP **ZOLFO SPRINGS FL**

TITLE ☒ Delete  
NAME **D DAVIS, DICK**  
STREET ADDRESS **1785 POLK ROAD**  
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☒ Delete  
NAME **D HILL, LES**  
STREET ADDRESS **1475 FLAMINGO DRIVE, #159**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME **D Fred Kewitch**  
STREET ADDRESS  
CITY-ST-ZIP **533 S E 6th Ave. # 5  
Cape Coral FL 33990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **D Janet Lowe**  
STREET ADDRESS **1155 Blue Jay Rd**  
CITY-ST-ZIP **Wauchula FL 33873**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Chris Christopher* **Chris Christopher**

**Mar 22, 2003**

**863-767-8909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)