

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N01818**1. Entity Name  
PINECASTLE CHURCH OF THE NAZARENE, INC.

Principal Place of Business C/O DALE MIDDLETON 306 WEST LANCASTER ROAD ORLANDO 32809 FL	Mailing Address C/O DALE MIDDLETON 306 WEST LANCASTER ROAD ORLANDO 32809 FL
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2. Principal Place of Business PINECASTLE CHURCH OF THE NAZARENE	3. Mailing Address CENTRAL FLORIDA DISTRICT CHURCH OF THE NA
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Suite, Apt. #, etc. 306 WEST LANCASTER ROAD	Suite, Apt. #, etc. PO BOX 5680
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City & State ORLANDO FL	City & State LAKELAND FL
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Zip 32809	Country US	Zip 33807	Country US
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4. FEI Number <b>59-2480700</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  TAYLOR JAMES 6632 HARVEY ST.  ORLANDO 32809 US FL		7. Name and Address of New Registered Agent  Name PRICE NATHAN Street Address (P.O. Box Number is Not Acceptable) PO BOX 1131  City ORLANDO FL Zip Code 32802	
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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 **NATHAN PRICE****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, MARIE 6632 HARVEY ST. ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS LARRY PO BOX 5680 LAKELAND FL 33807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIDDLETON, BOBBIE 6632 HARVEY ST. ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHONMME SERGE 306 LANCASTER ROAD ORLANDO FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, C.L. 6710 HARVEY ST. ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE NATHAN PO BOX 1131 ORLANDO FL 32802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(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: Nathan Price****D****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Taxing Person's

CR2E037 (11/00)