

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90368 006 ****61.25

DOCUMENT # N04098

1. Entity Name

CENTRAL CHURCH OF THE NAZARENE, INC.

Principal Place of Business

2130 UNIVERSITY BLVD. NORTH
 JACKSONVILLE FL 32211
 US

Mailing Address

2130 UNIVERSITY BLVD NORTH
 JACKSONVILLE FL 32211-3224
 US

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

59-1629241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TOWNSEND, CLAREMCE J
6654 MERRILL RD
JACKSONVILLE FL 32277

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **TOWNSEND, CLARENCE J**
 STREET ADDRESS **6654 MERRILL RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** Delete
 NAME **JONES, A. MANOLIA**
 STREET ADDRESS **417 NITRAM STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TR** Delete
 NAME **FRANKLIN, IRA**
 STREET ADDRESS **7105 HIELO DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **TR** Delete
 NAME **COSBY, JERRY**
 STREET ADDRESS **4624 MONUMENT POINT DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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 **Deborah S. Lyon**
 STREET ADDRESS **6704 Strawberry Lane**
 CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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: *Manolia Jones* **Manolia Jones, Treas.** 4/30/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)