

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N04098

FILED
May 20, 2002 8:00 AM
Secretary of State

Entity Name: CENTRAL CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

2130 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

2130 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-1629241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, CLAREMCE J
6654 MERRILL RD
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

FRANKLIN, IRA
7105 HIELO DR
JACKSONVILLE, FL 32211 US

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: IRA FRANKLIN

05/20/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOWNSEND, CLARENCE J
Address: 6654 MERRILL RD
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: LYON, DEBORAH S
Address: 6704 STRAWBWRRY LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: TR () Delete
Name: FRANKLIN, IRA
Address: 7105 HIELO DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: JONES, JESSE S JR
Address: 5432 COPPEDGE AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: FRANKLIN, IRA L TRUSTEE
Address: 7105 HIELO
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: TR (X) Change () Addition
Name: REEVER, GINA
Address: 6704 STRAWBWRRY LANE
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: TR (X) Change () Addition
Name: RAILEY, CLYDE
Address: 2521 EBERSOL RD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: TR (X) Change () Addition
Name: SUSAN, DAY
Address: 7039 OAKWOOD DR
City-St-Zip: JACKSONVILLE, FL 32211 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA FRANKLIN

C

05/20/2002

Electronic Signature of Signing Officer or Director

Date