

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

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90033 012 \*\*\*\*61.25

0004232

**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  
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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FRANKLIN, IRA  
7105 HIELO DR  
JACKSONVILLE FL 32211**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKLIN, IRA L TRUSTEE</b>	
STREET ADDRESS	<b>7105 HIELO</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REEVER, GINA</b>	
STREET ADDRESS	<b>6704 STRAWBERRY LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>RAILEY, CLYDE</b>	
STREET ADDRESS	<b>2521 EBERSOL RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUSAN, DAY</b>	
STREET ADDRESS	<b>7039 OAKWOOD DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<b>TR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brent Antheim</b>	
STREET ADDRESS	<b>1304 King Arthur Rd</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jack Esarey</b>	
STREET ADDRESS	<b>1702 New Haven Rd</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>	
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		

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:

*[Handwritten Signature]*

5/31/03

904-743-2044

CR2E037 (10/02)