

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90025 019 ****61.25

DOCUMENT # N10657

1. Entity Name

PORT ORANGE CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

4705 CLYDE MORRIS BLVD
 PORT ORANGE FL 32119
 US

4705 CLYDE MORRIS BLVD
 PORT ORANGE FL 32119-4103
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6543227

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOOK, RICHARD
1097 DONNELL DR
PT. ORANGE FL 32119

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COX, BOB	
STREET ADDRESS	5628 DEVON STREET	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, VIRGIL	
STREET ADDRESS	5408 TURTON LANE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, CHUCK	
STREET ADDRESS	5805 SOUTHPORT DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	S	<input type="checkbox"/> Delete
NAME	NATHEY, PATSY	
STREET ADDRESS	2262 TURNBULL BAY ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLLETT, RON	
STREET ADDRESS	204 QUAKER RIDGE DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, FRED	
STREET ADDRESS	57 ALAMANDA DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POE, BRENT A.	
STREET ADDRESS	4700 CHARDONWAY LANE	
CITY-ST-ZIP	PORT ORANGE FL 32119	
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		<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: Ronald C. Hollett **RONALD C. HOLLETT, TREASURER 2/8/00 (904) 756-6251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #