

# 2000 UNIFORM BUSINESS REPORT (UBR)

*Amended*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 4:59

**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 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Country	Zip

4. FEI Number  
**59-6543227**

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**

Richard Shook  
1097 Donnell Dr.  
Port Orange, FL 32119

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
~~200003470902 -4~~  
-11/28/00--01100--004  
City  
~~\*\*\*\*51.25 FL \*\*\*\*51.25~~

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 \_\_\_\_\_ (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 NAME D Cox, Bob STREET ADDRESS 5628 Devon Street CITY-ST-ZIP <del>Port Orange, FL 32127</del>	<input type="checkbox"/> Delete
TITLE NAME D Hamilton, Virgil STREET ADDRESS 5408 Turton Lane Dr. CITY-ST-ZIP <del>Port Orange, FL 32127</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME D Clark, Chuck STREET ADDRESS 5805 Southport Dr. CITY-ST-ZIP <del>Port Orange, FL 32127</del>	<input type="checkbox"/> Delete
TITLE NAME S Nathey, Patsy STREET ADDRESS 2282 Turnbull Bay Road CITY-ST-ZIP <del>New Smyrna Beach, FL 32168</del>	<input type="checkbox"/> Delete
TITLE NAME T Hollett, Ron STREET ADDRESS 204 Quaker Ridge Drive CITY-ST-ZIP <del>Daytona Beach, FL 32119</del>	<input type="checkbox"/> Delete
TITLE NAME P Poe, Brent A. STREET ADDRESS 4700 Chardonnay Lane CITY-ST-ZIP <del>Port Orange, FL 32119</del>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D Garrett, Mark STREET ADDRESS 4202 Pioneer Trail CITY-ST-ZIP <del>New Smyrna Beach, FL 32168</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME P/D Jenkins, Orville STREET ADDRESS 4741 Atlantic Blvd. E-4 CITY-ST-ZIP <del>Jacksonville, FL 32207</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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: *Patsy D. Nathey* Patsy Nathey November 2, 2000 904-767-2354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)