

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90016 008 ****61.25

0008628

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

Zip

Country

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

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 Delete
 NAME **D**
 STREET ADDRESS **COX, BOB**
 CITY-ST-ZIP **5628 DEVON STREET**
PORT ORANGE FL 32127

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **KODEY, TOM**
 CITY-ST-ZIP **4627 SECRET RIVER TRL**
PORT ORANGE, FL 32119

TITLE Delete
 NAME **D**
 STREET ADDRESS **HAMILTON, VIRGIL**
 CITY-ST-ZIP **5408 TURTON LANE DRIVE**
PORT ORANGE FL 32127

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **CLARK, CHUCK**
 CITY-ST-ZIP **5805 SOUTHPORT DR**
PORT ORANGE FL 32127

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **NATHEY, PATSY**
 CITY-ST-ZIP **2262 TURNBULL BAY ROAD**
NEW SMYRNA BEACH FL 32168

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **HOLLETT, RON**
 CITY-ST-ZIP **204 QUAKER RIDGE DRIVE**
DAYTONA BEACH FL 32119

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **HOLLETT, RON**
 CITY-ST-ZIP **204 QUAKER RIDGE DRIVE**
DAYTONA BEACH, FL 32119

TITLE Delete
 NAME **P**
 STREET ADDRESS **POE, BRENT A**
 CITY-ST-ZIP **4700 CHARDONAY LANE**
PORT ORANGE FL 32118

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001

Date

Daytime Phone #

CR2E037 (10/00)