

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90051 009 ****61.25

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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

840 TAYLOR RD.

840 TAYLOR RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

4. FEI Number

59-6543227

Applied For

Not Applicable

Zip

32127

Country

US

Zip

32127

Country

US

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

Richard Shook

RICHARD F. SHOOK

3-10-02

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

TITLE **P** Change Addition
 NAME **FRED WALLIS**
 STREET ADDRESS **5878 WOODPOINT TERR.**
 CITY-ST-ZIP **PORT ORANGE, FL 32124**

TITLE **D** Delete
 NAME **GARRETT, MARK**
 STREET ADDRESS **4202 PIONEER TRAIL**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** Change Addition
 NAME **BILL HARDIN**
 STREET ADDRESS **2365 POINSETTIA DR.**
 CITY-ST-ZIP **ORANGE CITY, FL 32763**

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

TITLE **D** Change Addition
 NAME **BRIAN LILES**
 STREET ADDRESS **1125 CLEARWATER ROAD WEST**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

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

TITLE **D** Change Addition
 NAME **PHYLLIS CLARK**
 STREET ADDRESS **5805 SOUTHPORT DR.**
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

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

TITLE **D** Change Addition
 NAME **PAULETTE CARWELL**
 STREET ADDRESS **315 QUIET TRAIL DR.**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32124**

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

TITLE **D** Change Addition
 NAME **RICHARD SHOOK**
 STREET ADDRESS **1097 DONNELL DR.**
 CITY-ST-ZIP **PORT ORANGE, FL 32129**

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:

Tom Kodey
TOM KODEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER**

3/18/2002 (386) 767-2354

Date Daytime Phone #

CR2E037 (9/01)