

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N10657

FILED
Apr 01, 2003
Secretary of State

Entity Name: PORT ORANGE CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

840 TAYLOR RD
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

840 TAYLOR RD
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-6543227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOOK, RICHARD
1097 DONNELL DR
PT. ORANGE, FL 32119 US

Name and Address of New Registered Agent:

SHOOK, RICHARD
1097 DONNELL DR
PT. ORANGE, FL 32129 US

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

04/01/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLIS, FRED
Address: 5878 WOODPOINT TERR.
City-St-Zip: PORT ORANGE, FL 32124

Title: D () Delete
Name: GARRETT, MARK
Address: 4202 PIONEER TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: HARDIN, BILL
Address: 2365 POINSETTIA DR.
City-St-Zip: ORANGE CITY, FL 32763

Title: S () Delete
Name: NATHEY, PATSY
Address: 2262 TURNBULL BAY ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: HOLLETT, RON
Address: 204 QUAKER RIDGE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: T () Delete
Name: KODEY, TOM
Address: 4627 SECRET RIVER TRAIL
City-St-Zip: PORT ORANGE, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALLIS, FRED
Address: 1062 AZALEA POINTE DR.
City-St-Zip: PORT ORANGE, FL 32129

Title: D (X) Change () Addition
Name: COX, BOBBY
Address: 5628 DEVON ST
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KODEY, THOMAS M
Address: 4627 SECRET RIVER TRAIL
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. KODEY

T

04/01/2003

Electronic Signature of Signing Officer or Director

Date