

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14266

1. Entity Name

FIRST CHURCH OF THE NAZARENE OF NEW SMYRNA BEACH

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90059 011 ****61.25

Principal Place of Business

Mailing Address

201 SOUTH ORANGE STREET
 NEW SMYRNA BEACH FL 32168

201 SOUTH ORANGE STREET
 NEW SMYRNA BEACH FL 32168-7127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6543202

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ACHESON, CHARLES D.
 1420 TRAVELERS PALM DR.
 EDGEWATER FL 32132

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	P	<input type="checkbox"/> Delete
NAME	ACHESON, CHARLES D.	
STREET ADDRESS	1420 TRAVELERS PALM DR.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUCK, RICHARD	
STREET ADDRESS	1311 WILLOW OAK	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WADE, SUSAN	
STREET ADDRESS	2360 CAPT BUTLER TRAIL	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STUCK, ELEANOR	
STREET ADDRESS	204 NINTH STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

Eleanor Stuck
 ELEANOR STUCK

4/6/00

904-428-8937

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/99)