

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 15259

1. Entity Name

BONIFAY CHURCH OF THE NAZARENE, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90077 020 ****61.25

Principal Place of Business 402 EAST NORTH AVENUE BONIFAY FL 32425	Mailing Address 402 EAST NORTH AVENUE BONIFAY FL 32425-1721
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6543218	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CLEM, FRED M
402 E NORTH AVE
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name **ADAMS, H. HENRY**
Street Address (P.O. Box Number is Not Acceptable)
402 E. NORTH AVE
City **BONIFAY** FL Zip Code **32425**

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 **H. HENRY ADAMS**
H. Henry Adams

3/23/00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARLEY, MARVIN 3980 HWY 273 GRACEVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTIN, JORDAN RT 2 BOX 3L72 BONIFAY FL 32425 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARRIS, HARLON 993 2ND AVE GRACEVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEM, FRED M 402 E NORTH AVE BONIFAY FL 32425 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUTCHFIELD, DEBBIE RT 3 BOX 1148 BONIFAY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUTCHFIELD, CHARLES RT 3 BX 1148 BONIFAY FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARAH MARLEY 3980 HWY 273 GRACEVILLE FL 32440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNETTE CRUTCHFIELD HWY 79 ESTO FL 32425 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P H. HENRY ADAMS 402 E. NORTH AVE BONIFAY FL 32425 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" 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: *Marvin Marley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

850-638-7646

Daytime Phone #

CR2E037 (9/99)