

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90291 027 ****61.25

DOCUMENT # N15259

1. Entity Name

BONIFAY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

402 EAST NORTH AVENUE
BONIFAY FL 32425

Mailing Address

402 EAST NORTH AVENUE
BONIFAY FL 32425

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

59-6543218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, H. HENRY
402 E NORTH AVE
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name

SCOTT A. KING

Street Address (P.O. Box Number is Not Acceptable)

410 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

Rev. Scott A. King
Signature, typed or printed name of registered agent and title if applicable.

REV. SCOTT A. KING, PASTOR

(NOTE: Registered Agent signature required when reinstating)

4/16/01

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	TD MARLEY, MARVIN	<input type="checkbox"/> Delete
STREET ADDRESS	3980 HWY 273	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE NAME	D MARLEY, SARAH	<input type="checkbox"/> Delete
STREET ADDRESS	3980 HWY 273	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE NAME	D CRUTCHFIELD, LYNETTE	<input type="checkbox"/> Delete
STREET ADDRESS	HWY 79	
CITY-ST-ZIP	ESTO FL 32425	
TITLE NAME	P ADAMS, H. HENRY	<input type="checkbox"/> Delete
STREET ADDRESS	402 E NORTH AVE	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE NAME	SD CRUTCHFIELD, DEBBIE	<input type="checkbox"/> Delete
STREET ADDRESS	RT 3 BOX 1148	
CITY-ST-ZIP	BONIFAY FL	
TITLE NAME	D CRUTCHFIELD, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	RT 3 BX 1148	
CITY-ST-ZIP	BONIFAY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SCOTT A. KING
CITY-ST-ZIP	410 E. NORTH AVE BONIFAY FL 32425
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2854 BONIFAY - GRITNEY RD
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2854 BONIFAY - GRITNEY RD
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 or without other like empowered.

SIGNATURE:

Debbie Crutchfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

(850) 638-7646

Daytime Phone #

CR2E037 (10/00)