

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16147

1. Entity Name

NEW CHURCH OF THE NAZARENE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90016 017 ****61.25

Principal Place of Business 806 NORTH DIXIE HWY LAKE WORTH FL 33460	Mailing Address 806 NORTH DIXIE HWY LAKE WORTH FL 33460-2529
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DO NOT WRITE IN THIS SPACE

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 59-2778780	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

GRACIUS, DORSAINVIL
608 NORTH "K" STREET
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	GRACIUS, DORSAINVIL
STREET ADDRESS	608 NORTH K STREET
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VD <input type="checkbox"/> Delete
NAME	GRACIUS, ANNE
STREET ADDRESS	608 NORTH K STREET
CITY-ST-ZIP	LAKE WORTH FL
TITLE	STD <input type="checkbox"/> Delete
NAME	LUCKNER, BELLEUS
STREET ADDRESS	931 SOUTH B STREET
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	SD <input type="checkbox"/> Delete
NAME	J.PIERRE, LUXONE
STREET ADDRESS	5966 ITHACA CIRCLE W.
CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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: *DORSAINVIL* **REQUIRED** *Minister* **4/23/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #