

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18039**

1. Entity Name  
 FIRST CHURCH OF THE NAZARENE OF AUBURNDALE, FLORIDA INC.

Principal Place of Business 302 BRIDGERS AVE.  AUBURNDALE FL 338232609 US	Mailing Address 302 BRIDGERS  AUBURNDALE FL 338232609 US
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2. Principal Place of Business Suite, Apt. #, etc.  City & State LAKELAND FL	3. Mailing Address P.O. BOX 5680  Suite, Apt. #, etc.  City & State LAKELAND FL
Zip 33807	Country US

4. FEI Number  
**59-6537863**

Applied For	Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BASS JOHN B  
 714 FINNEY STREET  
  
 LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name  
 DENNIS LARRY D  
 Street Address (P.O. Box Number is Not Acceptable)  
 P.O. BOX 5680  
  
 City  
 LAKELAND FL Zip Code  
 33807

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 LARRY D. DENNIS DATE 08/14/2001  
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	D DOUGLAS, MIRIAM 1060 HALF ACRE RD. AUBURNDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOWDOIN, MARY 709 1/2 GREAT BARFORD AUBURNDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLAND ALICE 709 GREAT BARFORD AUBURNDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS JOHN B 714 FINNEY STREET LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EGIDIO MARY E P.O BOX 5680 LAKELAND FL 33807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGIDIO STEPHEN C 4409 HARDENOAK TR LAKELAND FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS LARRY D P.O. BOX 5680 LAKELAND FL 33807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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)(f), 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: Larry D. Dennis P 08/14/2001

CR2E037 (11/00)