


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90052 005 ***150.00

DOCUMENT # <i>W19917</i>	
1. Entity Name <i>Englewood Church of The Nazarene, Inc</i>	

DO NOT WRITE IN THIS SPACE

50009346

2. Principal Place of Business <i>404 W. Green St</i>	3. Mailing Address <i>13490 Bennett</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Englewood, FL</i>	City & State <i>Port Charlotte FL</i>	4. FEI Number <i>59-2056348</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34224</i>	Country <i>U.S.A.</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Rev. D. Paul Ray</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>13490 Bennett</i>	
City <i>Port Charlotte</i>	FL Zip Code <i>33981</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treas / T</i> <i>A. Norman Davids</i> <i>12601 Loma LN</i> <i>Englewood FL 34224</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> <i>Leo Bucher</i> <i>7451 Ebro St</i> <i>Englewood FL 34224</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <i>Shirley Williamson</i> <i>631 Blackburn St</i> <i>Englewood FL 34223</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-05 Treas. *941.474.6652*

Date

Daytime Phone #

CR2E034B (12/02)