

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19929

1. Entity Name

DELTONA CHURCH OF THE NAZARENE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90138 045 ****61.25

Principal Place of Business

Mailing Address

1420 COURTLAND BLVD
DELTONA FL 32738
US

1420 COURTLAND BLVD
DELTONA FL 32738-5436
US

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

59-6543225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUEEN, ALAN
1506 CHATSWORTH AVENUE
DELTONA FL 32738

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBREY, MARJORIE 2515 ENTERPRISE RD APT 42 ORANGE CITY FL 32763	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITTMAN, JOYCE 2218 ABBOTTWOODS LANE ORANGE CITY FL 32763	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOINER, JIM 440 KINGWAY DR. DELTONA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POELCHER, JEANNINE 3287 BUCKLAND STREET DELTONA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUEEN, ALAN 1506 CHATSWORTH AVENUE DELTONA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8341 Murray Ct. Sanford FL 32771	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	zip 32738	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director White, Cecil 1265 Indian Rock Ct. Deltona FL 32725	☒ Change ☐ 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:

Alan R. Queen **Alan R Queen** 4-11-00 407-574-7828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)