2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State **DOCUMENT # N26529** PORT ST. JOHN FAITH CHURCH OF THE NAZARENE, INC. 02-27-2002 90001 017 ****61 25 Principal Place of Business Mailing Address 3860 OAKLAND ST. 3860 OAKLAND ST. COCOA FL 32927 COCOA FL 32927 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2600634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LORD, J. RICHARD, SR. 3860 OAKLAND ST. COCOA FL 32927 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition LORD, J. RICHARD, SR. NAME NAME 3860 OAKLAND ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP COCOA FL CITY-ST-ZIP SD ☐ Delete TITLE Change ☐ Addition MORGAN, DOROTHY MRS NAME 1188 ARON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL 32927 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LORD, VIRGINIA A. NAME NAME 3860 OAKLAND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LIMING, ERIC NAME NAME STREET ADDRESS 4250 PONDS STREET ADDRESS CITY-ST-ZIP COCOA FL 32927 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: 1. 1000 1000 1000 1000 1000 1000 2-4-02 321-639-067

changed, or on an attachment with an address, with all other like empowered

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