

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90017 027 \*\*\*\*61.25

**DOCUMENT # N26532**

1. Entity Name

**SEBASTIAN FIRST CHURCH OF THE NAZARENE, INC.**

Principal Place of Business

Mailing Address

**50 S. WIMBROW DR.  
 SEBASTIAN FL 32958**

**50 S. WIMBROW DR.  
 SEBASTIAN FL 32958-4587**

LUU23774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0056895**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**LYLE, MICHAEL E  
 421 GEORGIA BLVD.  
 SEBASTIAN FL 32958**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LYLE, MICHAEL E</b>	
STREET ADDRESS	<b>421 GEORGIA BLVD</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SUMMERS, CAROL A.</b>	
STREET ADDRESS	<b>865 GEORGE ST</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SUMMERS, CAROL A</b>	
STREET ADDRESS	<b>865 GEORGE ST</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHALM, ED</b>	
STREET ADDRESS	<b>7720 96TH CT</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRAVIS, KEN</b>	
STREET ADDRESS	<b>766 CARNATION DR</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GREEN, JEFF</b>	
STREET ADDRESS	<b>PO BOX 1262</b>	
CITY-ST-ZIP	<b>ROSELAND FL 32957</b>	

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	<b>Ronald Gehrke</b>	
STREET ADDRESS	<b>101 Indian Ave.</b>	
CITY-ST-ZIP	<b>Sebastian, FL 32958</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mary Cogswell</b>	
STREET ADDRESS	<b>471 Seagrass</b>	
CITY-ST-ZIP	<b>Sebastian, FL 32958</b>	

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/00**

Date

**(541)**

**559-4935**

Daytime Phone #

CR2E037 (9/99)