

1/31

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29715

1. Entry Name

CHURCH OF THE NAZARENE OF TAVARES, INC.

Principal Place of Business

32151 MERRY RD.
P.O. BOX 1048
TAVARES FL 32778-8048

Mailing Address

32151 MERRY RD.
P.O. BOX 1048
TAVARES FL 32778-8048

2. Principal Place of Business

32151 David Walker Rd.
Subs. Apt. #, etc.
P.O. Box 1048
City & State
Tavares, Florida

3. Mailing Address

32151 David Walker Rd.
Subs. Apt. #, etc.
P.O. Box 1048
City & State
Tavares, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2911684

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARO LOREN F
825 JOHNS AVENUE
MT. DORA FL 32757

DELETE

7. Name and Address of New Registered Agent

Name
~~GAIL RODGERS~~
Street Address (P.O. Box Number is Not Acceptable)
25929 KUNITA LANE
City
ASTATULA, FL. FL Zip Code
34705-9719

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

GAIL RODGERS - TRUSTEE

Gail Rodgers

01-14-2002

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	STD	<input type="checkbox"/> Delete
NAME	HAYEN, W	
STREET ADDRESS	1251 S PINEAPPLE LN	
CITY-ST-ZIP	EUSTIS FL 32728	
TITLE	VO	<input type="checkbox"/> Delete
NAME	RODGERS, G	
STREET ADDRESS	25929 ZINNA LN	
CITY-ST-ZIP	ASTATULA FL 34705	
TITLE	VO	<input type="checkbox"/> Delete
NAME	ELDRIDGE, WILLIAM	
STREET ADDRESS	1133 BEN MOR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	CARL PARRY	<input type="checkbox"/> Delete
STREET ADDRESS	2820 WEKIVA RD.	
CITY-ST-ZIP	TAVARES, FL. 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
STREET ADDRESS		
CITY-ST-ZIP		

CR-2001 (9/01)

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:

Gail Rodgers

01-14-'02 (352) 742-2890

SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR

Please see att'd
add: correction