


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90225 039 ****61.25

DOCUMENT # N29715

1. Entity Name
CHURCH OF THE NAZARENE OF TAVARES, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RODGERS, GAIL
25929 HNS AVENUE
ASTATULA FL 34705-9719

4. FEI Number **59-2911684** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **PARRY, CARL**

Street Address (P.O. Box Number is Not Acceptable)
2820 WEKIVA ROAD

City **TAVARES** FL Zip Code **32778**

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 *Carl W. Parry* DATE **2-10-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida 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 32726	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	RODGERS, G	
STREET ADDRESS	25929 ZINNIA LN	
CITY-ST-ZIP	ASTATULA FL 34705	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARRY, CARL	
STREET ADDRESS	2820 WEKIVA ROAD	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Carl W. Parry* DATE: **2-10-03**

CR2E037 (10/02)