

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29752

1. Entity Name

CENTRAL CHURCH OF THE NAZARENE OF LAKE LAND, FLOR

Principal Place of Business

Mailing Address

412 NORTH MASSACHUSETTS AVENUE
LAKE LAND FL 33801

412 NORTH MASSACHUSETTS AVENUE
LAKE LAND FL 33801-4836

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

59-2184234

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

SESSOMS, WILLIAM
599 NORTHRIDE TRAIL
LAKE LAND FL 33813

Name *Stephen Joiner*

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

City *Lake Land*

FL

Zip Code
33813

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

1-8-99

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

T
NAME JOINER, STEPHEN M
STREET ADDRESS 599 NORTHRIDE TRAIL
CITY-ST-ZIP LAKE LAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
NAME SHUMAN, LOIS
STREET ADDRESS 1270 PORTLAND AVE
CITY-ST-ZIP MULBERRY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TT
NAME HINTHORNE, CHARLES
STREET ADDRESS 7830 DELMONT LOOP
CITY-ST-ZIP LAKE LAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
NAME MULLET, EARL
STREET ADDRESS 4813 SHADY GLEN DR
CITY-ST-ZIP LAKE LAND FL 33810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
NAME HOLLOWAY, ROY
STREET ADDRESS 2331 VIEW WAY DR.
CITY-ST-ZIP LAKE LAND FL 33810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2000 *941(863)*
644-1897

CR2E037 (9/99)