

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29752

1. Entity Name

CENTRAL CHURCH OF THE NAZARENE OF LAKELAND, FLOR

Principal Place of Business

Mailing Address

412 NORTH MASSACHUSETTS AVENUE
LAKELAND FL 33801

412 NORTH MASSACHUSETTS AVENUE
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2184234

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

JOINER, STEPHEN
599 NORTHRIDE TRAIL
LAKELAND FL 33813

Name

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

City

FL

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

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 ☐ Delete
NAME JOINER, STEPHEN M
STREET ADDRESS 599 NORTHRIDE TRAIL
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME HINTHORNE, CHARLES
STREET ADDRESS 7830 DELMONT LOOP
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME George Griffin Trustee
STREET ADDRESS 1613 Faye St
CITY-ST-ZIP Lakeland, Fla 33803

TITLE ☐ Delete
NAME MULLET, EARL
STREET ADDRESS 4813 SHADY GLEN DR
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME HOLLOWAY, ROY
STREET ADDRESS 2331 VIEW WAY DR.
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90078 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)