

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90716 030 \*\*\*\*61.25

**DOCUMENT # N30824**

1. Entity Name

**THE WESLEY CHAPEL CHURCH OF THE NAZARENE, INC.**

Principal Place of Business

Mailing Address

**34106 SR 54 WEST  
 C/O REV. EUGENE RATZ  
 ZEPHYRHILLS FL 33543-9118**

**34106 SR 54 WEST  
 C/O REV. EUGENE RATZ  
 ZEPHYRHILLS FL 33543-9118**

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

**59-2952541**

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

**EUGENE A. RATZ  
 37601 AURIC TERRACE  
 34106 SR 54 WEST  
 ZEPHYRHILLS FL 33543**

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

*Eugene Ratz*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Apr 29, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURIF, JOHN</b>	
STREET ADDRESS	<b>10222 MOSHIE LANE</b>	
CITY-ST-ZIP	<b>SAN ANTONIO FL 33576</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, TROY</b>	
STREET ADDRESS	<b>12845 LUSSIER LANE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34616</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOFFMAN, JOHN</b>	
STREET ADDRESS	<b>6746 STEPHENS PATH</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33541</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BATES, ROBERT</b>	
STREET ADDRESS	<b>4427 FOXWOOD BLVD</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33543</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRED, DANIEL</b>	
STREET ADDRESS	<b>6220 SUNDANCE DRIVE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDSON, GERRY</b>	
STREET ADDRESS	<b>8536 Bragg Street</b>	
CITY-ST-ZIP	<b>Zephyrhills, FL 33540</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASHAW, DON</b>	
STREET ADDRESS	<b>7141 El Matador</b>	
CITY-ST-ZIP	<b>Zephyrhills, FL 33541</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		

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:

*Eugene Ratz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/29/02*

CR2E037 (9/01)