

# -2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32540

1. Entity Name

FAITH CHURCH OF THE NAZARENE, INC.

Principal Place of Business

16920 LAKE JAMOS RD.  
ODESSA FL 33356  
US

Mailing Address

1503 WARMAN COURT  
TAMPA FL 33556-3702

2. Principal Place of Business

16920 LAKE JAMES ROAD

Suite, Apt. #, etc.

3. Mailing Address

1306 JAM LANE

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

ODESSA FL

Zip

33556

Country

USA

Zip

33556

Country

USA

4. FEI Number

59-2989796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FITTS, LEONARD R.  
1503 WARMAN CT.  
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

FITTS, LEONARD R

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

1306 JAM LANE

City

ODESSA

FL

Zip Code  
33556

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

*Leonard R. Fitts*

LEONARD R FITTS, PRESIDENT 20 JANUARY 2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARUTHERS, DONALD M	
STREET ADDRESS	10105 N. ANNETTE AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TETER, JOHN H.	
STREET ADDRESS	12411 N. ROME AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FITTS, LEONARD R.	
STREET ADDRESS	1503 WARMAN CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FITTS, SONJA	
STREET ADDRESS	1503 WARMAN CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARUTHERS, PATRICIA	
STREET ADDRESS	14927 OGDEN LOOP	
CITY-ST-ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUTHERS, DONALD M	
STREET ADDRESS	16920 LAKE JAMES ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA B. FITTS	
STREET ADDRESS	1306 JAM LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITTS, LEONARD R	
STREET ADDRESS	1306 JAM LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITTS, SONJA D	
STREET ADDRESS	1306 JAM LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYLE, REBECCA J	
STREET ADDRESS	3117 ST CLAIR AVE APT C	
CITY-ST-ZIP	OLDSMAR FL 34677	

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:

*Leonard R. Fitts*

LEONARD R FITTS, PRESIDENT 20 JAN 2000 813-926-6478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)