

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N32540**

Entity Name

FAITH CHURCH OF THE NAZARENE, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90075 048 ****61.25

0077567

Principal Place of Business

Mailing Address

**120 LAKE JAMES ROAD
DESSA FL 33356****1306 JAM LANE
ODESSA FL 33556
US****80029663**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2989796

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

**FITTS, LEONARD R.
1306 JAM LANE
ODESSA FL 33556**

Name

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

City

FL

Zip Code

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	CARUTHERS, DONALD M	16920 LAKE JAMES ROAD	ODESSA FL 33556	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PITTS, PATRICIA B	1306 JAM LANE	ODESSA FL 33556	<input type="checkbox"/>	D	FITTS, PATRICIA B			<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	FITTS, LEONARD R.	1306 JAM LANE	ODESSA FL 33556	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	FITTS, SONJA	1306 JAM LANE	ODESSA FL 33556	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	CARUTHERS, PATRICIA	14927 OGDEN LOOP	ODESSA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LYLE, REBECCA J	3117 ST CLAIR AVE APT C	OLDSMAR FL 34677	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)