

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

0011972

DOCUMENT # N32540

1. Entity Name

FAITH CHURCH OF THE NAZARENE, INC.



07-23-2003 90059 010 ****61.25

Principal Place of Business

**16920 LAKE JAMES ROAD
ODESSA FL 33356
US**

Mailing Address

**1306 JAM LANE
ODESSA FL 33556
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK W. VENIA	
STREET ADDRESS	2521 2ND AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITTS, PATRICIA B	
STREET ADDRESS	1306 JAM LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS E BELUS	
STREET ADDRESS	2521 2ND AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)