

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35913

1. Entity Name

WEST NASSAU CHURCH OF CHRIST, INC.

Principal Place of Business

C/O LARRY W. WILSON  
P.O. BOX 1508  
CALLAHAN FL 32011  
US

Mailing Address

C/O LARRY W. WILSON  
P.O. BOX 1508  
CALLAHAN FL 32011-1508  
US

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 59-3072149

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, LARRY WILLIAM  
3905 W STATE ROAD #200  
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name Wilson, Larry William

Street Address (P.O. Box Number is Not Acceptable)  
8349 New Front #39

City Hilliard

FL

Zip Code 32046

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

TITLE VI  
NAME CARTER, MELVIN  
STREET ADDRESS 2424 NASSAU AVE  
CITY-ST-ZIP CALLAHAN FL 32011 ☐ Delete

TITLE ST  
NAME LEONARD, JOSEPH A.  
STREET ADDRESS P.O. BOX 1143 NA  
CITY-ST-ZIP CALLAHAN FL ☐ Delete

TITLE IT  
NAME WILSON, LARRY W  
STREET ADDRESS 3905 W STATE RD 200  
CITY-ST-ZIP CALLAHAN FL 32011 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
8349 New Front #39  
Hilliard FL 32046

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

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

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

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

2-20-2000

Date

845-7669

Daytime Phone #

CR2E037 (9/99)