

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90211 010 \*\*\*\*\*70.00

U/UBRS

**DOCUMENT # N45986**

1. Entity Name

**FIRST CHURCH OF THE NAZARENE OF SARASOTA INC.**

Principal Place of Business

**3375 FRUITVILLE ROAD  
 SARASOTA FL 34237**

Mailing Address

**3375 FRUITVILLE ROAD  
 SARASOTA FL 34237**

**957679**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1572939**

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

**LECRECIA WILSON  
 1714 COLLEEN ST  
 SARASOTA FL 34231**

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

*Leccrecia Wilson (Secretary)*

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

(NOTE: Registered Agent signature required when reinstating)

*4-16-01*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD**  Delete  
 NAME **DODD, WILLIAM R.**  
 STREET ADDRESS **3375 FRUITVILLE ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **LECRECIA WILSON**  
 STREET ADDRESS **1714 COLLEEN ST**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **BULLOCK, CHARLES**  
 STREET ADDRESS **7540 ALICIA LANE**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **T**  Change  Addition  
 NAME **GAMBLE, DELORES**  
 STREET ADDRESS **1127 WILLIS AVE.**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **T**  Delete  
 NAME **JACK HARKNESS**  
 STREET ADDRESS **415 L'AMBIANCE DRIVE, #B-802**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **TR**  Change  Addition  
 NAME **WILLIAMS, JERRY**  
 STREET ADDRESS **2818 SAFE HARBOR CIRCLE**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **TR**  Delete  
 NAME **WILSON, RAY**  
 STREET ADDRESS **1714 COLLEEN ST**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **TR**  Change  Addition  
 NAME **HUDSON, KEN**  
 STREET ADDRESS **7013 MADONNA PLACE**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Leccrecia Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leccrecia A. Wilson 4-16-01*

Date

Daytime Phone #

*941-342-8367*

CR2E037 (10/00)