

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48540

1. Entity Name

BUSHNELL, FLORIDA CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

P O BOX 1449
BUSHNELL FL 33513

P O BOX 1449
BUSHNELL FL 33513-1449

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

59-3123031

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

**DOTSON, ALVA E.
1122 N. WEST STREET
BUSHNELL FL 33513**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	FRITZLER, CARL	
STREET ADDRESS	12143 S.W WAY	
CITY-ST-ZIP	WEBSTER FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	COLE, JANE	
STREET ADDRESS	1053 S.W 48TH AVE. ,P.O. BOX 1438	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	NORMAN, LARRY	
STREET ADDRESS	2863 CR 610, P.O. BOX 1514	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOTSON, ALVA E.	
STREET ADDRESS	418 TUSTENUGGE DR.	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NORMAN, DORTHEA	
STREET ADDRESS	2863 CR 610, P.O. BOX 1514	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIELDS, IONE S	
STREET ADDRESS	506 W NOBEL AVENUE LOT 106	
CITY-ST-ZIP	BUSHNELL FL	

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		
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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90106 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)