

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000308

1. Entity Name

SAN MATEO FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Business

496 S HIGHWAY 17 S
SAN MATEO FL 32187

Mailing Address

PO BOX 1268
SAN MATEO FL 32187

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

59-2383652

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

~~TROY A. KNUDSEN~~
~~496 S. HWY. 17~~
~~SAN MATEO FL 32187~~

Name

W. Earl Spurlock

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

102 Arnold Avenue

City

Interlachen, FL

FL

Zip Code

32148

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 W. Earl Spurlock, President - Minister W. Earl Spurlock April 4, 2001

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

(NOTE: Registered Agent signature required when changing)

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 ☐ Delete
NAME **FAKE, ERNIE**
STREET ADDRESS **802 SQUIRREL TREE TRAIL**
CITY-ST-ZIP **SATSUMA FL 32189**

P ☐ Change ☒ Addition
NAME **W. Earl Spurlock**
STREET ADDRESS **102 Arnold Avenue**
CITY-ST-ZIP **Interlachen, FL 32148**

TITLE ☐ Delete
NAME **D BEARD, BLANCH**
STREET ADDRESS **211 CLEARWATER**
CITY-ST-ZIP **SATSUMA FL 32189**

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

TITLE ☒ Delete
NAME **T KNUDSEN, CYNTHIA**
STREET ADDRESS **496 S. HIGHWAY 17S**
CITY-ST-ZIP **SAN MATEO FL**

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

TITLE ☐ Delete
NAME **T POULIN, EDITH**
STREET ADDRESS **213 CLEARWATER RD**
CITY-ST-ZIP **SATSUMA FL 32189**

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

TITLE ☐ Delete
NAME **S FAKE, ANNA**
STREET ADDRESS **802 SQUIRREL TREE TRAIL**
CITY-ST-ZIP **SATSUMA FL 32189**

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

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: W. Earl Spurlock, President - Minister

4/4/01

386-684-4824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0010427



DO NOT WRITE IN THIS SPACE