

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90159 036 ****61.25

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

4. FEI Number **59-2383652**

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

WILLINK, DAVID M

**496 S. HWY. 17
SAN MATEO FL 32187**

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

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	T	<input type="checkbox"/> Delete
NAME	FAKE, ERNIE	
STREET ADDRESS	802 SQUIRREL TREE TRAIL	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLINK, DAVID M	
STREET ADDRESS	496 S. HWY. 17	
CITY-ST-ZIP	SAN MATEO FL 32187	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNUDSEN, CYNTHIA	
STREET ADDRESS	211 FERN ST.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOUIS, WARREN	
STREET ADDRESS	239 BUFFALO BLUFF RD.	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	S	<input type="checkbox"/> Delete
NAME	FAKE, ANNA	
STREET ADDRESS	802 SQUIRREL TREE TRAIL	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: LOUIS WARREN **RECLUSE WARREN** **4-4-03 386-649-9963**

CR2E037 (10/02)