

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/16

FILED

May 17, 2000 8:00 am  
Secretary of State

03-16-2000 90090 019 \*\*\*\*61.25

DOCUMENT # N94000001674

1. Entity Name

NEW LIFE FELLOWSHIP CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

3013 DEL PRADO BLVD.  
UNIT 13  
CAPE CORAL FL 339043013 DEL PRADO BLVD.  
UNIT 13  
CAPE CORAL FL 33904-7238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0484244

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

BISHOP, WILLIAM R  
3013 DEL PRADO BLVD.  
UNIT 13  
CAPE CORAL FL 33904

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	CAUDLE, TINA	
STREET ADDRESS	3711 SW 14TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ELIAS, TIM	
STREET ADDRESS	3416 S.W. 3RD AVE.	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	CAUDLE, CARROLL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3711 S.W. 14TH PL.	
STREET ADDRESS	CAPE CORAL, FL. 33914	
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	ANGLES, RONALD	
STREET ADDRESS	5023 SW 26 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	BISHOP, WILLIAM R	
STREET ADDRESS	1728 SE 14TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NOLFF, DALE	
STREET ADDRESS	1502 N.E. 13TH TERR	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	URBAN, ERIC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	235 S.W. 40th St.	
STREET ADDRESS	CAPE CORAL, FL. 33914	
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PERRY-LEHNERT, DAWN	
STREET ADDRESS	318 SE 14TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-2000 (941) 540-4343

CR2E037 (9/99)