

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90121 031 \*\*\*61.25

**DOCUMENT # N94000001674**

1. Entity Name

**NEW LIFE FELLOWSHIP CHURCH OF THE NAZARENE, INC.**



Principal Place of Business

428 PINE ISLAND RD SW  
UNIT 3  
CAPE CORAL FL 33991

Mailing Address

428 PINE ISLAND RD SW  
UNIT 3  
CAPE CORAL FL 33991

2. Principal Place of Business

*MARINER High School*  
Suite, Apt. #, etc.  
*701 Chiquita Blvd.*  
City & State  
*CAPE CORAL FL*

3. Mailing Address

*New Life Fellowship*  
Suite, Apt. #, etc.  
*RD. Box 151000*  
City & State  
*CAPE CORAL FL*



☐ CHECK HERE IF MAKING CHANGES

Zip

*33909*

Country

*LEE*

Zip

*33915*

Country

*LEE*

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

**BISHOP, WILLIAM R**  
428 PINE ISLAND RD SW  
UNIT 3  
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name *William R. Bishop*  
Street Address (P.O. Box Number is Not Acceptable)  
*1728 S.E. 14TH ST.*  
*CAPE CORAL FL*  
City *CAPE CORAL FL* Zip Code *33990*

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

*William R. Bishop*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-13-03*

**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

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAUDLE, TINA</b>	
STREET ADDRESS	<b>3711 SW 14TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLISON, GARY</b>	
STREET ADDRESS	<b>724 NE 11TH TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33909</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ANGLES, RONALD D</b>	
STREET ADDRESS	<b>5023 SW 26 AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BISHOP, WILLIAM R</b>	
STREET ADDRESS	<b>1728 SE 14TH STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>URBAN, ERIC</b>	
STREET ADDRESS	<b>235 SW 40TH STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>MIRIAM TIDBALL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>150702 BLUE SKIES DR.</b>	
STREET ADDRESS	<b>No Ft. Myers, FL. 33917</b>	
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
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
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:

*William R. Bishop*

*4-13-03 239-772-5678*

CR2E037 (10/02)