2001	UNIFORM BUSI	NESS REPO	RT	(UBF	?)	FILED)			
DOCUMENT # N9400003044 1. Entity Name COMMUNITY CHURCH OF THE NAZARENE, TARPON SPRINGS, INC.					May 16, 2001 08:00 AM Secretary of State					
Principal Place 3333 KEYSTON TARPON SPGS	NE RD	Mailing Address 3333 KEYSTONE RD. TARPON SPRINGS		- FL	-					
34689	us	34689	us	PL.						
 Principal Pl 3333 KEYSTON 	3. Mailing Address P.O. BOX 5680	_					•			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		FL	4. FEI Numbe 59-32284				oplied For ot Applicable]
Zip 34689	Country	Zip 33807	Cou	ntry	1.5	of Status Desired		8.75 Ad	ditional	
6. Name and Address of Current Registered Agent JOHNSON RICHARD E 3626 BLACKHAWK DRIVE				7. Name and Address of New Registered Agent Name DENNIS LARRY D Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 5680						
NEW PORT RICHEY FL 34652				City LAKELA			FL	Zip Coo	ie	
SIGNATURE	LARRY D. DENNIS Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribut	Financir		\$5.00 May Be Added to Fees	Make (2001 ayable to		
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHA	ANGES TO OFFICERS	AND DIR	ECTORS IN	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLAM DONALD O. 80 ROGERS STREET 6-D	☐ Delete	1		D KIRBY CHARI 4720 CLEVELAND HE		FL 3	Change	☐ Addition	37 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON RICHARD E 3626 BLACK HAWK	☐ Delete	TITLE NAME STRE	ET ADDRESS	P DENNIS LARR 4720 CLEVELAND HE		_	X Change	☐ Addition	CR2E037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON SHARON 3626 BLACK HAWK NEW PORT RICHEY	FL 34652	TITLE NAME STRE		D EGIDIO STEPH 4720 CLEVELAND HE LAKELAND			3813 Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALLAM ARLITA 80 ROGERS ST 6-D CLEARWATER	☐ Delete	TITLE NAMI STRE		TD EGIDIO MARY	DIO MARY O CLEVELAND HEIGHTS BLVD.		Change	Addition	1
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete			<u>.</u> .	 ,		Change	☐ Addition	
TITLE NAME STREET ADORESS		☐ Delete	TITLE NAMI STRE					Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

Larry D. Dennis

05/16/2001