5/2/01-90220-044-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 23 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0044853

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000001701

1. Entity Name

NORTH PORT CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
12719 S.TAMIAMI TRAIL SPRINGS PLAZA STE B NORTH PORT FL 34287	401 E LAKE DR SARASOTA FL 34232 US

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 65-0560136 ☐ 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
BARTLETT, CAROLYN 360 GARDENIA ST VENICE FL 34293	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENES, JAMES E REV 401 E. LAKE DR. SARASOTA FL 34232	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTLETT, CAROLYN 360 GARDENIA ST VENICE FL 34293	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, MARY J 2473 FAIRBROOK ST NORTH PORT FL 34287	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Penoyer, Nancy 148 Bermuda Way North Port, FL. 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] PRESIDENT 4/25/01 941-371-6911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 9/23/02