2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600003894 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name CHURCH OF THE NAZARENE OF KEY LARGO, INC. 09-18-2000 90011 014 ****70.00 Principal Place of Business Mailing Address US 1 AT MM 100.4 P.O.BOX 800 KEY LARGO FL 33037-0800 KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FE! Number Applied For City & State City & State 59-1573577 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, RALPH O REV 21 S.E. MARLIN AVE KEY LARGO FL 33037 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Đ. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Change ☐ Delete TITLE WILLIAMS, RALPH O NAME NAME STREET ADDRESS STREET ADDRESS 21 S.E. MARLIN AVE. CITY-ST-ZIP KEY LARGO FL ☐ Change Addition Delete Delete TITLE TITLE NAME michelle Cheer QUINONES, EDWIN NAME STREET ADDRESS STREET ADDRESS 6 NORWOOD AVE 912 Tropical Cn CITY-ST-ZIP CITY-ST-ZIE KEY LARGO FL Key Largo Addition 🔀 Delete Delete TITLE TITLE LEGER, MARIE NAME NAME 255 Lower Matacumbe Rd. STREET ADDRESS STREET ADDRESS 40 HIGH POINT RD, #43 CITY-ST-ZIP CITY-ST-ZIP TAVERNIER FL **Addition** Change ☐ Delete TITLE TITLE Terry Brown 9814 Leeward Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Key Largo FC 33037 TITLE ☐ Change Addition ☐ Delete TITLE Tom Gray NAME NAME 35 Atlantic Dr. STREET ADDRESS PO BOX 1509 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with

an address, with all other like empowered