# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 08, 2001 8:00 am**
**Secretary of State**
06-08-2001 90005 042 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000003894

1. Entity Name

CHURCH OF THE NAZARENE OF KEY LARGO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| US 1 AT MM 100.4<br>KEY LARGO FL 33037 | P.O.BOX 800<br>KEY LARGO FL 33037<br>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 59-1573577 ☐ 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 |
|---|---|
| WILLIAMS, RALPH O REV<br>21 S.E. MARLIN AVE<br>KEY LARGO FL 33037 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. (NOT Registered Agent signature required when reinstating) DATE

**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<br>WILLIAMS, RALPH O<br>21 S.E. MARLIN AVE.<br>KEY LARGO FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHER, MICHELLE<br>912 TROPICAL LN<br>KEY LARGO FL 33037 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>Cheer, Michelle<br>912 Tropical Ln<br>Key Largo, Fl 33037 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHIRTZ, ANN<br>255 LOWER MATACUMBE RD<br>KEY LARGO FL 33037 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, TERRY<br>9314 LEEWARD AVE<br>KEY LARGO FL 33037 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRAY, TOM<br>P.O. BOX 1509, 35 ATLANTIC DR<br>KEY LARGO FL 33037 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: Ralph O. Williams REQUIRED Ralph O. Williams 6/4/2001 305 451-1142