

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90161 045 ****70.00

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
 KEY LARGO FL 33037

P.O. BOX 800
 KEY LARGO FL 33037
 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
21 S.E. MARLIN AVE
KEY LARGO FL 33037

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 ☐ Delete
 NAME **D WILLIAMS, RALPH O**
 STREET ADDRESS **21 S.E. MARLIN AVE.**
 CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D CHEER, MICHELLE**
 STREET ADDRESS **912 TROPICAL LN**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D GRAY, TOM**
 STREET ADDRESS **P.O. BOX 1509, 35 ATLANTIC DR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D. William R. Cheer**
 STREET ADDRESS **912 Tropical Ln**
 CITY-ST-ZIP **Key Largo, Fl 33037**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D Scott G Lalonde**
 STREET ADDRESS **305 2nd Ter**
 CITY-ST-ZIP **Key Largo Fl 33037**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D Janet Knapp**
 STREET ADDRESS **Po Box 2571, 401 Judy Pl**
 CITY-ST-ZIP **Key Largo Fl 33037**

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 Pastor

9-1-02 (305) 451-1142

CR2E037 (4/02)