

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006524

DOCUMENT # **N96000003894**

1. Entity Name

CHURCH OF THE NAZARENE OF KEY LARGO, INC.



FILED
JUN -4 PM 2:45
REINSTATEMENT
STATE
SECRETARY
TALLAHASSEE

03-04

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**

☐ CHECK HERE IF MAKING CHANGES **TR**

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

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **Ronny Aylor**
STREET ADDRESS **312 2nd Ter**
CITY-ST-ZIP **Key Largo FL 33037**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Rita Dorn**
STREET ADDRESS **308 Vaca Rd**
CITY-ST-ZIP **Key Largo FL 33037**

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

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

TITLE **D** ☒ Delete
NAME **LALONDE, SCOTT G**
STREET ADDRESS **305 2ND TER**
CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE **D** ☐ Delete
NAME **KNAPP, JANET**
STREET ADDRESS **P O BOX 2571, 401 JUDY PL**
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
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAMS, RALPH O

4-15-04 (305) 451-2109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)