

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # N96000004427

1. Entity Name

RESTORATION COMMUNITY CHURCH OF THE NAZARENE, IN

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90132 008 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1030 W KALEY  
ORLANDO FL 32805

1030 W KALEY  
ORLANDO FL 32805-5343

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

59-3351910

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPLEBY, JERRY L  
1030 W KALEY ST  
ORLANDO FL 32805

Name

William Andrews

Street Address (P.O. Box Number is Not Acceptable)

2323 Westmoreland

City

Orlando

FL

Zip Code

32805

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

*William Andrews*

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

(NOTE: Registered Agent signature required when reinstating)

2/8/2000

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	APPLEBY, JERRY L	
STREET ADDRESS	1030 W KALEY ST	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	REED, JULIE A	
STREET ADDRESS	1025 W KALEY	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HIEDLER, DONALD L	
STREET ADDRESS	1328 HAMPSHIRE PLACE CIR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM ANDREWS	
STREET ADDRESS	2323 Westmoreland	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKI CAMPBELL	
STREET ADDRESS	1010 18th Street	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREG CAMPBELL	
STREET ADDRESS	1010 18th Street	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William Andrews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2000 (407) 246-0061

DATE

Daytime Phone #

CR2E037 (9/99)