

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90372 028 ****61.25

DOCUMENT # N96000004427

1. Entity Name

RESTORATION COMMUNITY CHURCH OF THE NAZARENE, IN

Principal Place of Business

1030 W KALEY
 ORLANDO FL 32805

Mailing Address

1030 W KALEY
 ORLANDO FL 32805

550823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 568606

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

Orlando, FL
 32856 USA

4. FEI Number

59-3351910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, WILLIAM
 2323 WESTMORELAND
 ORLANDO FL 32805

7. Name and Address of New Registered Agent

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.

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

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	Andrews, William	
STREET ADDRESS	2323 Westmoreland	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Campbell, Gregory	
STREET ADDRESS	1010 15th St	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Jones	
STREET ADDRESS	717 Grand St	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex M. Mason III	
STREET ADDRESS	4617 Courtney Lee Court	
CITY-ST-ZIP	Orlando FL 32812	
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* *Gregory Campbell* *Alex M. Mason III* *11 Apr 01* *(407) 482-6404*

CR2E037 (10/00)