

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002084

1. Entity Name

FORREST HILL CHURCH OF NAZERENE, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90018 012 ****61.25

Principal Place of Business	Mailing Address
FOREST HILLS CHURCH OF THE NAZERENE 2633 VANGUNDY RD JACKSONVILLE FL 32208 US	2633 VANGUNDY RD JACKSONVILLE FL 32208-2571 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-6546049	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CHARLES, GIDEON 2633 VANGUNDY RD. JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent
Name <u>Foster, Natheory</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2633 VAN GUNDY</u>
City <u>Jacksonville</u> FL Zip Code <u>32208</u>

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 Natheory Foster Jr. Natheory Foster Jr.
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	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	DAVIS, WILLIE E
CITY-ST-ZIP	7980 DENHAM ST JACKSONVILLE FL 32208
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	FOSTER, NATHEORY
CITY-ST-ZIP	4979 TOPROYAL LN JACKSONVILLE FL 32277
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	ALLEN, WILLIAM K
CITY-ST-ZIP	8588 DARLINGTON DR JACKSONVILLE FL 32209
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	<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	
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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: Natheory Foster Jr. Foster Jr. 5/31/00 904-745-1882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)