

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000002084**

1. Entity Name

FORREST HILL CHURCH OF NAZERENE, INC.**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90027 050 ****61.25

Principal Place of Business

FOREST HILLS CHURCH OF THE NAZERENE
2633 VANGUNDY RD
JACKSONVILLE FL 32208
US

Mailing Address

2633 VANGUNDY RD
JACKSONVILLE FL 32208
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

Zip

Country

Zip

Country

32208**USA**

4. FEI Number

59-6546049

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

MILLS, JESSE
11729 CHERRY BARK DRIVE EAST
JACKSONVILLE FL 32218

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 \$61.259. 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 **D** ☐ Delete
NAME **DAVIS, WILLIE E**
STREET ADDRESS **7980 DENHAM ST**
CITY-ST-ZIP **JACKSONVILLE FL 32208**TITLE **D** ☐ Delete
NAME **FOSTER, NATHEORY**
STREET ADDRESS **4979 TOPROYAL LN**
CITY-ST-ZIP **JACKSONVILLE FL 32277**TITLE **D** ☐ Delete
NAME **ALLEN, WILLIAM K**
STREET ADDRESS **8588 DARLINGTON DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

William K. Allen **William K. Allen** **2-25-02** **904-765-4958**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)