

2002 UNIFORM BUSINESS REPORT (BR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90068 009 ****61.25

DOCUMENT # N97000004424

1. Entity Name

UNIVERSITY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

**425 GENEVA DR
 OVIEDO FL 32765
 US**

**425 GENEVA DR
 OVIEDO FL 32765
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3559334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAFERRIERE, RONALD J
 839 BENCHWOOD CT.
 WINTER SPRINGS FL 32708**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME LAFERRIERE, RONALD J
 STREET ADDRESS 839 BENCHWOOD COURT
 CITY-ST-ZIP WINTER SPRINGS FL 32708 Delete

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

TITLE T
 NAME ABBOTT, CHERYL C
 STREET ADDRESS 1126 FRANCISCO WAY
 CITY-ST-ZIP WINTER SPRINGS FL 32708 Delete

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

TITLE S
 NAME CARTER, CHRIS
 STREET ADDRESS 20442 MARLIN ST
 CITY-ST-ZIP ORLANDO FL 32833 Delete

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

TITLE CT
 NAME TESTON, MATTHEW
 STREET ADDRESS 709 CREEKWATER TERR. #213
 CITY-ST-ZIP LAKE MARY FL 32748 Delete

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 _____

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 fees empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)