

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90357 019 \*\*\*\*61.25

**DOCUMENT # N98000002169**  
 1. Entity Name  
**WESTSIDE CHURCH OF THE NAZARENE, INC.**

Principal Place of Business      Mailing Address  
**7614 PRITCHARD ROAD**      **12419 MAPLE MEADOWS DR**  
**JACKSONVILLE FL 32219**      **JACKSONVILLE FL 32220-1669**

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      Applied For  
**59-6543198**      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  
**CLOUD, CHARLES M**  
**1053 LEGAY AVE**  
**JACKSONVILLE FL 32205**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRYAN, RALPH</b> <b>4010 TAYLOR ESTATES LN</b> <b>JACKSONVILLE FL 32220</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, HENRY N</b> <b>12419 MAPLE MEADOWS DR</b> <b>JACKSONVILLE FL 32220</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TUCKER, FAYE</b> <b>717 N. CHAFFEE ROAD</b> <b>JACKSONVILLE FL 32220</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SMITH, CHARLOTTE</b> <b>12419 MAPLE MEADOWS DR.</b> <b>JACKSONVILLE FL 32220</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BRANSON, LOUISE</b> <b>11533 HARLAN DR</b> <b>JACKSONVILLE FL 32218</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ELLIS, KIMLEE</b> <b>16548 VILLAGE GREEN DRIVE S.</b> <b>JACKSONVILLE FL 32234</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jack Cloud</b> <b>10317 Monaco Dr</b> <b>JACKSONVILLE, FL 32218</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Kathleen Hires</b> <b>5134 Knox Rd</b> <b>JACKSONVILLE, FL 32205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charlotte Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-2002**      **(904) 693-0480**  
 Date      Daytime Phone #

CR2E037 (9/01)