

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90126 001 ****61.25

DOCUMENT # N99000003395

1. Entity Name

BETHLEHEM CHURCH OF THE NAZARENE, INC.

Principal Place of Business

563 FERGUSON DRIVE
 ORLANDO FL 32805

Mailing Address

6411 SAGEWOOD DRIVE
 ORLANDO FL 32818

2. Principal Place of Business

Suite, Apt. #, etc.

563 Ferguson Drive

City & State

Orlando FL

Zip

32805

Country

Orange

3. Mailing Address

Suite, Apt. #, etc.

7426 H. Beacon Hill Loop

City & State

Orlando FL

Zip

32818

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3569285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JACQUES, ELISTANE
 6411 SAGEWOOD DRIVE
 ORLANDO FL 32813

7. Name and Address of New Registered Agent

Name

Jacques Elistane

Street Address (P.O. Box Number is Not Acceptable)

7426 H. Beacon Hill Loop

City

Orlando FL FL 32818

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 type="checkbox"/> Delete
NAME	JACQUES, ELISTANE	
STREET ADDRESS	6411 SAGEWOOD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	SD Secretary	<input type="checkbox"/> Delete
NAME	Sylvio Bernard	
STREET ADDRESS	3122 C.R. Smith	
CITY-ST-ZIP	Orlando FL 32805	
TITLE	Treasor	<input type="checkbox"/> Delete
NAME	Marc Iradiou	
STREET ADDRESS	2084 Oneto St	
CITY-ST-ZIP	Orlando FL 32805	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvio Bernard	
STREET ADDRESS	3122 C.R. Smith St	
CITY-ST-ZIP	Orlando FL 32805	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Iradiou	
STREET ADDRESS	2084 Oneto St	
CITY-ST-ZIP	Orlando FL 32805	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

Daytime Phone #

CR2E037 (10/00)