


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90313 007 ****61.25

DOCUMENT # N99000007053					
1. Entity Name GOULDS FIRST CHURCH OF THE NAZARENE, INC.					
Principal Place of Business 11805 SW 232 ST. GOULDS FL 33170			Mailing Address 11805 SW 232 ST. GOULDS FL 33170		
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 65-0501824	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PASELY, JAMES 11805 SW 232 STR GOULDS FL 33170				Name <u>Larry V. Mitchell II</u>	
				Street Address (P.O. Box Number Is Not Acceptable) <u>11805 S.W. 232 Str.</u>	
				City <u>Goulds</u> FL <u>33170</u>	
				Zip Code <u>33170</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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Larry V. Mitchell II</u> <u>Larry V. Mitchell II</u> <u>7/11/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$81.25 After September 10, 2003, min will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	ALLEN, LILLIAN	8741 NW 34TH AVE. RD.	MIAMI FL 33147		
	COFFEE, WILLIE	11965 SW 217TH ST.	GOULDS FL 33170		
	HUGHES, CYNTHIA	9880 DOMINICAN DRIVE	MIAMI FL 33189		
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: <u>Cynthia Hughes</u>			<u>7-11-03</u> <u>205-235-6991</u> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		

CP2E037 (4/03)