

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000007096**

1. Entity Name

NASSAU CHURCH OF THE NAZARENE, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90087 014 ****61.25

Principal Place of Business

Mailing Address

665 U.S. 17 NORTH
YULEE FL 32097P.O. BOX 1750
YULEE FL 32041

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

NOT APPLICABLE

Applied For

Not Applicable

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

ZOLLINHOFFER, R.E.
5711 KENNERLY RD.
JACKSONVILLE FL 32216

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MCLEOD, LUTHER**
STREET ADDRESS **1702 AVANT RD.**
CITY-ST-ZIP **YULEE FL 32097**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SALMON, DANIEL**
STREET ADDRESS **4624 MCKENDREE DR.**
CITY-ST-ZIP **CALLAHAN FL 32011**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **STOREY, STAN**
STREET ADDRESS **207 MEADOWFIELD BLUFF RD.**
CITY-ST-ZIP **YULEE FL 32097**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DEMPSTER, DALE**
STREET ADDRESS **2148 LADY DI LN.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **STREET, JERRY**
STREET ADDRESS **P.O. BOX 83**
CITY-ST-ZIP **YULEE FL 32041**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **ZOLLINHOFFER, R.E.**
STREET ADDRESS **5711 KENNERLY DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**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 like empowered.

SIGNATURE: *R. ZOLLINHOFFER***SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18.01

Date

Daytime Phone #

CR2E037 (10/00)