

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26491

1. Entity Name

OAK HILL FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

172 WEST HALIFAX
P.O. BOX 1015
OAK HILL FL 32759

172 WEST HALIFAX
P.O. BOX 1015
OAK HILL FL 32759

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

59-2579792

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

BERRIAN, RONALD
128 ORANGE AVE
EDGEWATER FL 32132

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 P ☒ Delete
NAME BERRIAN, RONALD
STREET ADDRESS 128 ORANGE AVE
CITY-ST-ZIP EDGEWATER FL 32132

TITLE ☒ Change ☐ Addition
NAME Dr. John Hay
STREET ADDRESS 2600 Crestwood Ave
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D ☐ Delete
NAME JIM, MILLS
STREET ADDRESS 208 RANDLE AVE
CITY-ST-ZIP OAK HILL FL 32759

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

TITLE D ☐ Delete
NAME GARDNER, SHIRLEY
STREET ADDRESS 4 LYNN PLACE
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE ST ☐ Delete
NAME STEWART, DREW
STREET ADDRESS 128 CEDAR ST
CITY-ST-ZIP EDGEWATER FL

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

TITLE T ☐ Delete
NAME WATSON, JEAN
STREET ADDRESS 1100 CONRAD DR
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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 like empowered.

SIGNATURE:

Drewery Stewart Drewery STEWART

1-2-02

386 345 4063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)