

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90135 035 \*\*\*\*61.25

**DOCUMENT # 705253**

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF FORT MYERS, FLORIDA**

Principal Place of Business

Mailing Address

2438 SECOND ST.  
 FORT MYERS FL 33901

2438 SECOND ST.  
 FORT MYERS FL 33901

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

**59-0823943**

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

**TERRY, T. RANKIN, JR.**  
**1245 HANTON AVE.**  
**FT. MYERS FL 33901**

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 TP ☒ Delete  
 NAME DORSETT, HERB  
 STREET ADDRESS 1370 TWIN PALM DR  
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE TP ☒ Change ☐ Addition  
 NAME Robert Parkhurst  
 STREET ADDRESS 312 San Remo Lane  
 CITY-ST-ZIP N. Fort Myers, FL 33903

TITLE TVP ☒ Delete  
 NAME BLOOD, HAROLD  
 STREET ADDRESS 15400 RIVER VISTA DR  
 CITY-ST-ZIP FT. MYERS FL 33917

TITLE TVP ☒ Change ☐ Addition  
 NAME Martha Layne  
 STREET ADDRESS 9266 DeSoto Drive  
 CITY-ST-ZIP N. Fort Myers, FL 33903

TITLE ST ☒ Delete  
 NAME SEGEL, BARB  
 STREET ADDRESS 2049 MARAVILLA CIR  
 CITY-ST-ZIP FT MYERS FL 33901

TITLE ST ☒ Change ☐ Addition  
 NAME Dorothy Siggs  
 STREET ADDRESS 1908 Madera Drive  
 CITY-ST-ZIP N. Fort Myers, FL 33903

TITLE ST ☒ Delete  
 NAME PELTON, SHERMAN  
 STREET ADDRESS 17734 ACAIA DR  
 CITY-ST-ZIP N FT MYERS FL 33917

TITLE T ☒ Change ☐ Addition  
 NAME Mary Lee Mann  
 STREET ADDRESS 17281 Brenfield Lane  
 CITY-ST-ZIP Alva, FL 33920

TITLE P ☒ Delete  
 NAME BURALLI, AL  
 STREET ADDRESS 1912 MADERA WAY  
 CITY-ST-ZIP N FORT MYERS FL 33903

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

TITLE T ☐ Delete  
 NAME MANN, MARY L  
 STREET ADDRESS 17281 BRENFIELD LANE  
 CITY-ST-ZIP ALVA FL 33920

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:

*Mary Lee Mann*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01 941-334-2261

Date

Daytime Phone #

CR2E037 (10/00)