

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90019 007 ****61.25

DOCUMENT # 708096

1. Entity Name
CHURCH OF THE PALMS-PRESBYTERIAN (U.S.A.), INC.



Principal Place of Business

**3224 BEE RIDGE RD.
SARASOTA FL 34239**

Mailing Address

**3224 BEE RIDGE RD.
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0995240**

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

**SAVARY, JOHNSON S
720 SOUTH ORANGE AVE
SARASOTA FL 34237**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

4-8-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **IRWIN, ROBERT**
STREET ADDRESS **66 SANDY HOOD ROAD NORTH**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **P/D** ☒ Change ☒ Addition
NAME **Daivd Zimmerman**
STREET ADDRESS **1534 Oak Way**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **PD** ☒ Delete
NAME **REES, BRETT**
STREET ADDRESS **1708 CHEROKEE DR**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **V/D** ☒ Change ☒ Addition
NAME **Johnson Savary**
STREET ADDRESS **1671 South Dr**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE **SD** ☐ Delete
NAME **ANGLE, RAYMOND**
STREET ADDRESS **7578 FAIRLINKS CT**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **S/D** ☒ Change ☐ Addition
NAME **Raymond Angle**
STREET ADDRESS **7720 Broadmoor Pines Blvd**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **VPD** ☒ Delete
NAME **FORNEY, GLENN**
STREET ADDRESS **5213 88TH ST E**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **T/D** ☒ Change ☒ Addition
NAME **Michael Counen**
STREET ADDRESS **4791 Dove Tail Ct**
CITY-ST-ZIP **Sarasota, FL 34238**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/8/03

CR2E037 (10/02)