

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90396 003 ****61.25

DOCUMENT# 712865

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF MAITLAND, INC.

Principal Place of Business

Mailing Address

P O BOX 940807
 MAITLAND FL 32794

P O BOX 940807
 MAITLAND FL 32794

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1083121

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUTCLIFFE, ROLAND A
112 GREEN LEAF LANE
ALTAMONTE SPRINGS FL 32714

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 **D** Delete
 NAME **SUTCLIFFE, ROLAND A**
 STREET ADDRESS **112 GREEN LEAF LN**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **ELLIS, LESLIE L**
 STREET ADDRESS **250 NOTTOWAY TRAIL**
 CITY-ST-ZIP **MAITLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MACKAY, ELOISE**
 STREET ADDRESS **501 PAWNEE TRAIL**
 CITY-ST-ZIP **MAITLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **BLAKELY, ROBERT E M.D.**
 STREET ADDRESS **2450 WORTHINGTON RD**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TAULBEE, ANNE G**
 STREET ADDRESS **2411 FIELDINGWOOD RD**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Delete
 NAME **GRAHAM, CHARLES J M.D.**
 STREET ADDRESS **4305 BEAR GULLY RD**
 CITY-ST-ZIP **WINTER PARK FL 32792**

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:

Robert E. Blakely
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. BLAKEY 5/30/02 407-644-3453
 M.D. Date Daytime Phone #

CR2E037 (9/01)