

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90282 002 ****61.25

DOCUMENT # 716434

1. Entity Name

WESTMINSTER PRESBYTERIAN CHURCH UNITED OF GAINES

618099



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1521 N.W. 34TH ST.
 GAINESVILLE FL 32605

Mailing Address

1521 N.W. 34TH ST.
 GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6215886

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

SINGLEY, DR. ED
1719 N W 23RD BLVD PH-E
GAINESVILLE FL 32605

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 NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, NANCY A P O BOX 14190 GAINESVILLE FL 32604-2190	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREGORY, JESS 3838 SW 5TH PL GAINESVILLE FL 32607	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINGLEY, VIRGINIA H 1719 NW 23 BLVD PH-E GAINESVILLE FL 32605	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYLE, NORMA 6005 SW 86 DR. GAINESVILLE FL 32608	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HUNTLEY, ELLEN 113 NE 7 STREET GAINESVILLE FL 32601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREMWE, TERRY 3850 NW 36 PLACE GAINESVILLE FL 32606-6146	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DON WILLIAMS 4020 NW 9th COURT Gainesville, FL 32605	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORMA GAYLE 6005 SW 86 DRIVE GAINESVILLE, FL 32608	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ED SINGLEY 1719 NW 23 BLVD. PH-E Gainesville, FL 32605	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGARET SEYMOUR 3657 NW 39 PLACE GAINESVILLE, FL 32605-1466	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINAH WELCH 223 NW 28 STREET GAINESVILLE, FL 32607	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY FRANCES SHEPPARD 701 NW 21 AVENUE GAINESVILLE, FL 32609-3545	☐ Change ☒ Addition

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 title empowered.

SIGNATURE:

Edward Singley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)