

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90414 048 ****61.25

DOCUMENT # 716434 1. Entity Name WESTMINSTER PRESBYTERIAN CHURCH UNITED OF GAINESVILLE, FLORIDA, INC.					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03162004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-6215886				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGLEY, DR. ED 1719 N W 23RD BLVD PH-E GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	DP BURDICK, PAUL 1230 NW 55 STREET GAINESVILLE, FL 32605	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Don Eitzman 1415 NW 35 Terrace 32605	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALDERSON, CAROL 318 NW 123 STREET NEWBERRY, FL 326693008	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Barbara Scott 2905 NW 33 Place 32605	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, MARIE 7851 NE 176 AVENUE WILLISTON, FL 32696	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SEYMOUR, MARGARET 2830 NW 39 SEYMOUR GAINESVILLE, FL 32606	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Donna Parker 2915 NW 33 Place 32605	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WELCH, DINAH 223 NW 28TH STREET GAINESVILLE, FL 32607	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Black D 3130 NW 9th Place Gainesville, FL 32605	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, MARY FRANCES 701 NW 21ST AVE GAINESVILLE, FL 326093545	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Newman D 8620-425 NW 13 Street Gainesville, FL 32653	☒ 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 like empowered.					
SIGNATURE: <u>Marie B. Lee</u>			<u>23rd April '04 (352)378-5552</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		