

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90162 044 ****61.25

DOCUMENT # 716982

1. Entity Name

WESTMINSTER PRESBYTERIAN CHURCH OF CASSELBERRY,

Principal Place of Business

2641 RED BUG ROAD
 CASSELBERRY FL 32707
 US

Mailing Address

2641 RED BUG ROAD
 CASSELBERRY FL 32707
 US

2. Principal Place of Business

Same
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1576751**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILLO, MARY L
~~426 HORNBILL PLACE~~ *1089 Frangipani Ln.*
~~WINTER SPRINGS FL 32708~~ *Casselberry, FL 32707*

7. Name and Address of New Registered Agent

Name *Mary L. Villio*
 Street Address (P.O. Box Number is Not Acceptable) *1089 Frangipani Ln*
 City *Casselberry* FL Zip Code *32707*

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 *Mary Villio* *Mary Villio* *3/5/01*
Signature, type 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

| | | |
|----------------|---------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | LOWTHER, GARY ST | |
| STREET ADDRESS | 1324 RASPBERRY COURT | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | |
| TITLE | PT | <input checked="" type="checkbox"/> Delete |
| NAME | THOMPSON, DONNA | |
| STREET ADDRESS | 912 OAKFOREST DRIVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | TS | <input type="checkbox"/> Delete |
| NAME | VILLO, MARY | |
| STREET ADDRESS | 426 HORNBILL PLACE | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CHAPMAN, SUSAN | |
| STREET ADDRESS | 912 OAKFOREST DRIVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Steve Miskowitz | |
| STREET ADDRESS | 1932 Temple Dr | |
| CITY-ST-ZIP | Winter Park, FL 32789 | |
| TITLE | PT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jerry Vick | |
| STREET ADDRESS | 801 Lake Charm Dr. | |
| CITY-ST-ZIP | Oviedo, FL 32764-5048 | |
| TITLE | TS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mary Villio | <i>in address</i> |
| STREET ADDRESS | 1089 Frangipani Ln. | |
| CITY-ST-ZIP | Casselberry FL 32707 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 Villio* *MARY VILLO* *3/5/01 (407) 699-0432*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)