

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90120 016 ****61.25

DOCUMENT # 716982

1. Entity Name
WESTMINSTER PRESBYTERIAN CHURCH OF CASSELBERRY, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1576751**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VILLILO, MARY L
1089 FRANGIPANI LANE
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name **BRENDA TOMPKINS**

Street Address (P.O. Box Number is Not Acceptable)
2108 HAMMOCK MOSS DR.

City **ORLANDO**

FL

Zip Code **32820**

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

Brenda Tompkins

3/23/03

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

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MISKEWITZ, STEVE | |
| STREET ADDRESS | 1932 TEMPLE DRIVER | |
| CITY-ST-ZIP | WINTER PARK FL 34789 | |
| TITLE | TS | <input checked="" type="checkbox"/> Delete |
| NAME | VILLILO, MARY | |
| STREET ADDRESS | 1089 FRANGIPANI LANE | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CHAPMAN, SUSAN | |
| STREET ADDRESS | 912 OAKFOREST DRIVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | BRENDA, TOMPKINS | |
| STREET ADDRESS | PO BOX 1433 | |
| CITY-ST-ZIP | GOLDENROD FL 22733 | |
| 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 | | <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 | | |
| TITLE | S/T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAPMAN, SUSAN | |
| STREET ADDRESS | 912 OAK FOREST DRIVE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMPKINS, BRENDA | |
| STREET ADDRESS | 2108 HAMMOCK MOSS DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32820 | |
| 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: *Susan Chapman* **SIGNATURE REQUIRED**

3/23/03

407-836-5771

CFR2037 (10/02)