

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90091 043 \*\*\*\*61.25

**DOCUMENT # 738103**

1. Entity Name

**FOREST HILLS PRESBYTERIAN CHURCH**

Principal Place of Business

Mailing Address

709 W. LINEBAUGH AVE.  
 TAMPA FL 33612-7853

709 W. LINEBAUGH AVE.  
 TAMPA FL 33612-7853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0919399**

Applied For  
 Not Applied

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**THOMAS, EDWARD F**  
**512 ROYAL GREEN**  
**TEMPLE TERRACE FL 33617**

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

*Edward F Thomas*

**Edward F Thomas**

**1/16/00**

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

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BRIGGS, EMILY</b>	
STREET ADDRESS	<b>27630 FISHER LN</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HEYWOOD, TURNER III</b>	
STREET ADDRESS	<b>19611 LAKE OSCEOLA LN</b>	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, EDWIN</b>	
STREET ADDRESS	<b>11746 LIPSEY RD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, EDWIN M</b>	
STREET ADDRESS	<b>11746 LIPSEY RD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RAULERSON, JOHN E.</b>	
STREET ADDRESS	<b>3129 W PARIS ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
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		<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:

*Heywood A. Turner*  
**Heywood A. Turner**

**1/4/2000** (813) 932-61

Date

Daytime Phone #