

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90116 023 \*\*\*\*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

- 62204



DO NOT WRITE IN THIS SPACE

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 Applicable

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

THOMAS, EDWARD F  
 512 ROYAL GREEN  
 TEMPLE TERRACE FL 33617

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 date (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: SD  Delete  
 NAME: BRIGGS, EMILY  
 STREET ADDRESS: 27630 FISHER LN  
 CITY-ST-ZIP: DADE CITY FL 33525

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: TD  Delete  
 NAME: HEYWOOD, TURNER III  
 STREET ADDRESS: 19611 LAKE OSCEOLA LN  
 CITY-ST-ZIP: ODESSA FL 33556

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: PD  Delete  
 NAME: NELSON, EDWIN  
 STREET ADDRESS: 11746 LIPSEY RD  
 CITY-ST-ZIP: TAMPA FL

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: TD  Delete  
 NAME: NELSON, EDWIN M  
 STREET ADDRESS: 11746 LIPSEY RD  
 CITY-ST-ZIP: TAMPA FL

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: VP  Delete  
 NAME: RAULERSON, JOHN E.  
 STREET ADDRESS: 3129 W PARIS ST  
 CITY-ST-ZIP: TAMPA FL 33614

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: PD  Change  Addition  
 NAME: Lamar Miles  
 STREET ADDRESS: 5604 St. Willy Rd.  
 CITY-ST-ZIP: Plant City, FL 33565

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCOLO MUSTAT

4/18/01

813-932-6149

X *[Signature]*

2/14/01

813-833-7183

CR2E037 (10/00)