

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90162 041 ****61.25

DOCUMENT # 769944

1. Entity Name

PORT ORANGE PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

**4662 CLYDE MORRIS BLVD.
 PORT ORANGE FL 32119**

**P.O. BOX 291171
 PORT ORANGE FL 32129
 US**

812460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4662 Clyde Morris Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Orange, FL

4. FEI Number

59-2233064

Applied For

Not Applicable

Zip

Country

Zip

Country

32119

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

**HILLS, REV. RICHARD L.
 5735 STEWART AVE.
 PORT ORANGE FL 32127**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PT SORENSON, DAVID**
 STREET ADDRESS **1312 SHANGRALA DR**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPT SCHUMAKER, ELIZABETH**
 STREET ADDRESS **5768 STEWART AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S BARRETT, DONOVAN**
 STREET ADDRESS **6141 SANCTUARY GARDEN BLVD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T NICHOLS, WILLIAM**
 STREET ADDRESS **3876 CARDINAL BLVD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *William Nichols* **WILLIAM NICHOLS** *1/11/02* **386-788-1111**

CR2E037 (9/01)