

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769951

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF DADE CITY, FLORIDA.

FILED
May 22, 2000 8:00 am
Secretary of State

04-18-2000 90171 023 ****61.25

| | |
|---|--|
| Principal Place of Business 37412 CHURCH AVE DADE CITY FL US | Mailing Address P O BOX 1243 DADE CITY FL 33526-1243 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|------------------------------------|--|
| 4. FEI Number 59-6045460 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

**CURINGTON, ARNOLD DR.
12206 SHAKESPEARE TRAIL
ST. LEO FL 33574**

7. Name and Address of New Registered Agent

Name: **PIERSALL, KATHERINE A.C.**
 Street Address (P.O. Box Number is Not Acceptable): **35146 ST. JOE ROAD**
 City: **DADE CITY FL** Zip Code: **33525**

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: *Katherine W. Piersall* DATE: **4/5/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP | PD DALEY, JAMES 17306 PARRISH GROVE RD DADE CITY FL 33523 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD JENSEN, CURT 11024 TWOSOME DRIVE SAN ANTONIO FL 33576 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, RANDY 37312 MARCO LANE DADE CITY FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PROS. DONT CROSS, KAREN 6327 WENTHAK WOOD CIRCLE WAGLEY CHAPEL, FL. 33544 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Randy Moore* **REQUIRE RANDY A. MOORE** DATE: **4-11-00** DAYTIME PHONE #: **863-533-1147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)