

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N22970**

1. Entity Name

CHRIST PRESBYTERIAN CHURCH (U.S.A.), INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90086 046 ****61.25

Principal Place of Business

**3115 DRYER AVENUE
 LARGO FL 33770-4269
 US**

Mailing Address

**3115 DRYER AVENUE
 LARGO FL 33770-4268
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Pinellas

Zip

Country

Pinellas

4. FEI Number

59-1036948

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHISOLM, WILLIAM D
 1364 HERCULES AVE S
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name
WILSON, RAY S.
 Street Address (P.O. Box Number is Not Acceptable)
13418 BELLEWOOD AVE
 City **SEMINOLE** FL Zip Code **33776**

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: *Ray S. Wilson*

3/7/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

RAY S. WILSON

**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	SD	<input type="checkbox"/> Delete
NAME	THOMPSON, SANDRA P	
STREET ADDRESS	12891 116TH N	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHISHOLM, WILLIAM D.	
STREET ADDRESS	1364 HERCULES AVENUE SOUTH	
CITY-ST-ZIP	CLEARWATER FL 33754	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, RAY S	
STREET ADDRESS	13418 BELLEWOOD AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARSDEN, JOHN	
STREET ADDRESS	8912 95TH ST N.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRES, ALFRED D	
STREET ADDRESS	20064 GULF BLVD	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGES, NANCY D.	
STREET ADDRESS	14422 KANDI COURT	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, RAY S.	
STREET ADDRESS	13418 BELLEWOOD AVE	
CITY-ST-ZIP	SEMINOLE, FL 33776	
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 another like empowered.

SIGNATURE: *Ray S. Wilson*

3/7/00

(727) 584-8695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/99)