


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90020 046 \*\*\*\*61.25

**DOCUMENT # N22970**

1. Entity Name  
**CHRIST PRESBYTERIAN CHURCH (U.S.A.), INC.**



Principal Place of Business      Mailing Address

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

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LARGO FL 33770-4269  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-1036948**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HODGES, LEE  
11183 110TH AVE N -- 14422 KANDI CT  
LARGO FL 33774**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Lee Hodges*      **LEE HODGES, PRESIDENT**      **4/27/2003**

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      **\$5.00** May Be  
Trust Fund Contribution.            Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DEBOER, RICHARD</b>	
STREET ADDRESS	<b>5773 147TH AVE N.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33760</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WELCH, KEVIN</b>	
STREET ADDRESS	<b>11183 110TH AVE N</b>	
CITY-ST-ZIP	<b>LARGO FL 33778</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HODGES, LEE</b>	
STREET ADDRESS	<b>14422 KANDI COURT</b>	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GRES, ALFRED D</b>	
STREET ADDRESS	<b>20084 GULF BLVD</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUTH, RICHARD</b>	
STREET ADDRESS	<b>8333 SEMINOLE BLVD #625</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL ##&amp;&amp;@</b>	
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: *Lee Hodges*      **LEE HODGES, PRESIDENT**      **4/27/2003**

CR2E037 (10/02)