

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90016 044 ****61.25

DOCUMENT # N30157

1. Entity Name

PEACE RIVER PRESBYTERY, INC.

Principal Place of Business

Mailing Address

5600 PEACE RIVER ROAD
C/O CARL SCHLICH III
NORTH PORT FL 34287
US

P. O. BOX 7339
C/O CARL SCHLICH III
NORTH PORT FL 34287-0339
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5600 Peace River Rd

PO Box 7339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Port, Florida

City & State
North Port, FL

4. FEI Number
59-2958426

Applied For
Not Applicable

Zip
34287

Country
USA

Zip
34287

Country
USA

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

SCHLICH, CARL I
5600 PEACE RIVER RD.
NORT PORT FL 34287

Name
DAVID HUDSON

Street Address (P.O. Box Number is Not Acceptable)

5600 Peace River Rd.

City
North Port

FL

Zip Code
34287

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: *David Hudson* Rev. DAVID HUDSON General Presbyter (Interim) February 7, 2000
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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

V	BONHAM, SAM	1617 SLATE COURT	VENICE FL	<input type="checkbox"/> Delete
ST-ZIP				
D	WILSON, SCOTT	1115 10TH AVE. W.	PALMETTO FL 34221	<input checked="" type="checkbox"/> Delete
ST-ZIP				
P	HOLLOMAN, DAVID	P.O. DRAWER 592 N/A	ARCADIA FL	<input type="checkbox"/> Delete
ST-ZIP				
D	MORROW, MARILYN	4751 CEDAR HAMMOCK CT.	FT. MYERS FL	<input checked="" type="checkbox"/> Delete
ST-ZIP				
D	HENNING, CHARLES	2425 ALPINE AVE.	SARASOTA FL	<input checked="" type="checkbox"/> Delete
ST-ZIP				
D	SCHLICH, CARL I	800 S. GONDOLA DR	VENICE FL	<input checked="" type="checkbox"/> Delete
ST-ZIP				

TITLE	D	MARY Leemann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17281 Brandfield Ln	
STREET ADDRESS		Alva, FL, 33920	
CITY-ST-ZIP			
TITLE	D	TIM STEWART	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		PO Box 51-1286	
STREET ADDRESS		Punta Gorda, FL, 33951	
CITY-ST-ZIP			
TITLE	D	William Arbuckle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5625 Fiferster Lake Dr	
STREET ADDRESS		SARASOTA, FL, 34243	
CITY-ST-ZIP			
TITLE		General Presbyter	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		DAVID HUDSON	
STREET ADDRESS		5600 Peace River Blvd	
CITY-ST-ZIP		North Port, FL 34287	
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			

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: *David Hudson* REQUIRE Rev. DAVID HUDSON 2/7/00 941-426-8421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)