
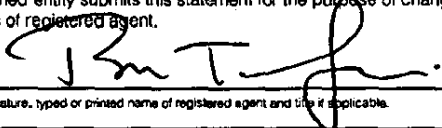



**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90242 004 \*\*\*\*61.25

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

**55043480**

<b>DOCUMENT # N39311</b>			
<b>1. Entity Name</b> THE PRESBYTERY OF SOUTHWEST FLORIDA (PRESBYTERIA N CHURCH IN AMERICA), INC.			
<b>Principal Place of Business</b> 114 N SEVENTH AVENUE WAUCHULA FL 33873 US		<b>Mailing Address</b> PO BOX 1480 WAUCHULA FL 33873	
<b>2. Principal Place of Business</b> 495 Randolph Road		<b>3. Mailing Address</b> 9012 HOGANS BEND	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> VENICE, FL		<b>City &amp; State</b> TAMPA, FL	
<b>4. FEI Number</b> 65-0211055		<b>Applied For</b> Not Applicable	
<b>Zip</b> 34293	<b>Country</b> USA	<b>Zip</b> 33647	<b>Country</b> USA
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75-Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
LARRISON, BROOK 308 PARK DRIVE WAUCHULA FL 33873		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE 		DATE 4/8/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>P SANDHOFF, THOMAS W JR</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>P LARRY EDISON (P) D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	6101 N HABANA AVENUE	<b>NAME</b>	5523 OAK GROVE CT.
<b>STREET ADDRESS</b>	TAMPA FL 33614	<b>STREET ADDRESS</b>	SARASOTA, FL 34233
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>S DOLBY, DWIGHT</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>DOLBY, DWIGHT L.S.D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	495 RANDOLPH ROAD	<b>NAME</b>	
<b>STREET ADDRESS</b>	VENICE FL 34293	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>T HAINZ, GARY</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>T THOMAS A. PORTER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	5016 CHATTAM LANE	<b>NAME</b>	9012 HOGANS BEND
<b>STREET ADDRESS</b>	TAMPA FL 33624	<b>STREET ADDRESS</b>	TAMPA, FL 33647
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>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 of this report, changed, or on an attachment with an address, with all other like empowerments.</b>			
SIGNATURE: 		DATE: 4/8/03 (941) 485-3551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/02)