2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State
09-11-2001 90005 016 ****61.25

DOCUMENT # N42187

1. Entity Name

COMMUNITY PRESBYTERIAN CHURCH OF NORTH MARION, I

Principal Place of Business	Mailing Address
% J. B. WALKUP, JR. ~~18 NW 3RD AVE.~~ 20490 U.S. HWY. 441 ~~OCALA FL 34475~~ US MCINTOSH, FL. 32664	% J. B. WALKUP, JR. ~~18 NW 3RD AVE~~ ~~SAME~~ ~~OCALA FL 34475~~ US
2. Principal Place of Business 20490 U.S. HWY. 441 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 355 Suite, Apt. #, etc.
City & State MCINTOSH, FLA.	City & State MCINTOSH, FL
Zip 32664 Country MARION	Zip 32664 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3050328 ☐ Applied For ☐ Not Applicable

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
WALKUP, J. B., JR. ~~18 NW 3RD AVE.~~ ~~OCALA FL 34475~~	Name Street Address (P.O. Box Number is Not Acceptable) 20490 U.S. HWY. 441 City MCINTOSH FL Zip Code 32664

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 J B Walkup Jr. 9-6-01

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
After September 12, 2001, min. will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CLEVERLAND, MARY P.O. BOX 646 MICANOPY FL 32667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BRASHEARS, JUDY 11622 NW 193 ST MICANOPY FL 32667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GARNER, JOHN 2508 NE 120TH ST ANTHONY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WALKUP, HOWARD K. 5900 AVE. H MCINTOSH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKUP, J. B., JR. 20490 US HWY 441 MCINTOSH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

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: J B Walkup Jr. REQUIRED 9-6-01 (352) 591-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #