

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90120 045 ****61.25

DOCUMENT # N42187

1. Entity Name

COMMUNITY PRESBYTERIAN CHURCH OF NORTH MARION, I NC.

Principal Place of Business

Mailing Address

**20490 U S HWY 441
 MCINTOSH FL 32664
 US**

**P O BOX 355
 MCINTOSH FL 32664
 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

59-3050328

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.
 20490 U S HWY 441
 MCINTOSH FL 32664**

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.

SIGNATURE

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**

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	DV BRASHEARS, JUDY 11622 NW 193 ST MICANOPY FL 32667	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARNER, JOHN 2508 NE 120TH ST ANTHONY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WALKUP, HOWARD K. 5900 AVE. H MCINTOSH FL	☐ Delete
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		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/02 591-1410

CR2E037 (9/01)