

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90041 023 ****61.25

03178/1

DOCUMENT # N42406

1. Entity Name

NORTHMINSTER PRESBYTERIAN CHURCH (U.S.A.) OF PEN

Principal Place of Business

1100 E. NINE MILE ROAD
PENSACOLA FL 32514
US

Mailing Address

1100 EAST NINE MILE ROAD
PENSACOLA FL 32514
US

LU016278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3063245

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EYSTER, BERT
1100 EAST NINE MILE ROAD
PENSACOLA FL 32514

Name

DR. Gerald A. Little

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

1100 East Nine Mile Road

City

PENSACOLA

FL

Zip Code

32514

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: D
NAME: WASDIN, EDWARD L
STREET ADDRESS: 331 ROBIN RD
CITY-ST-ZIP: PENSACOLA FL 32514-1416

Delete

TITLE: D
NAME: SILVERTHOANE, ROGER
STREET ADDRESS: 724 BOULDER CREEK DR.
CITY-ST-ZIP: PENSACOLA FL 32514

Change

Addition

TITLE: D
NAME: PERRIN, AUDREY
STREET ADDRESS: 3916 DEERWOOD CIR
CITY-ST-ZIP: PACE FL 32571

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change

Addition

TITLE: D
NAME: HENDERSON, WILLIAM W
STREET ADDRESS: 4237 QUEENS COURT
CITY-ST-ZIP: PACE FL 32571

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

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:

Gerald A. Little

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)