

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90521 041 ****70.00

0072381

DOCUMENT # N42585

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF MOUNT DORA, INC



Principal Place of Business

**222 W 6TH AVE
MOUNT DORA FL 32757**

Mailing Address

**222 W 6TH AVE
MOUNT DORA FL 32757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0940288**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEPHANY, EDWARD G
2585 LAKSHORE DR
MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, FRANK 4705 SLOEWOOD DRIVE MT. DORA FL 32757	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRVP FARNER, PAT 2236 SHERIDAN RD MOUNT DORA FL 32757	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGEE, CAROL 30089 ISLAND CLUB DR TAVARES FL 32778	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHANY, EDWARD 2585 LAKESHORE DR MOUNT DORA FL 32757	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCOTT, Frank (T) 4705 Sloewood Dr. Mount Dora, FL 32757	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Farner, Pat (T) 2236 Sheridan Rd Mount Dora, Florida 32757	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stephany, Edward (T) 2585 Lakeshore Dr. Mount Dora, FL 32757	☒ 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

Stephany, Edward G **STEPHANY, EDWARD G** **Trustee & Registered Agent**
Date **4/20/03** Phone # **352-735-4618**

CR2E037 (10/02)