2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **748337** 1. Entity Name 04-28-2000 90035 028 ****61.25 WELLINGTON PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 1000 WELLINGTON TRACE 1000 WELLINGTON TRACE WELLINGTON FL 33414 WELLINGTON FL 33414-5725 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1896338 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WHITE, PAUL F. 12096 SUGAR PINE TRAIL Zip Code City **WELLINGTON FL 33414** FŁ 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition Change D Delete TITLE TITLE TYLER, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS **102 TANBARK TR** CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE MCLAUGHLIN, DOUGLAS NAME NAME STREET ADDRESS 13950 BARBERRY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL : Change ☐ Addition ☐ Delete TITLE TITLE DONEY, WILLIAM NAME NAME STREET ADDRESS 13702 EXOCTICA LABE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL Delete TITLE PD Change ☐ Addition TITLE NAME WHITE, PAUL F. NAME R. Greg Smith STREET ADDRESS STREET ADDRESS 12096 SUGAR PINE TRAIL 11491 E. Rambling Drive CITY-ST-ZIP Wellington, FL WELLINGTON FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE ROEBKE, DONN NAME NAMÉ STREET ADDRESS STREET ADDRESS 1361 PINETTA CIR. CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 appress, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 (561)659-3660 Desture Phone #

FILED