

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90166 006 *****61.25

DOCUMENT # N41150

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF STUART, FLORIDA

Principal Place of Business

1715 N.W. PINE LAKE DR.
 STUART FL 34994

Mailing Address

1715 N.W. PINE LAKE DR.
 STUART FL 34994

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

59-6208762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOERSELMAN, LES DR.
1715 N.W. PINE LAKE DR.
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Wm. A. Oughterson

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

70 North River Rd.

City

Stuart

FL

Zip Code

34996

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

TITLE **D** ☒ Delete
 NAME **ALBRIGHT, CHRIS**
 STREET ADDRESS **1490 NE 23RD TERRACE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☒ Delete
 NAME **BRILL, NANCY**
 STREET ADDRESS **2460 SW BOBALINK CT**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☒ Delete
 NAME **CLAESGENS, ROBERT**
 STREET ADDRESS **1150 SE MCFARLANE AVE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **D** ☒ Delete
 NAME **GINSLER, JOHN**
 STREET ADDRESS **1346 NW PINE RIDGE TRAIL**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☒ Delete
 NAME **SENGER, SALLY**
 STREET ADDRESS **1998 SE CAMDEN ST**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **D** ☐ Delete
 NAME **AYLSWORTH, JOSEPH**
 STREET ADDRESS **8750 S OCEAN DRIVE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **Rhonda Rogers**
 STREET ADDRESS **2943 NE Ivy Lane**
 CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **D** ☐ Change ☒ Addition
 NAME **James Saunders**
 STREET ADDRESS **1785 NW Ford Rd.**
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **D** ☐ Change ☒ Addition
 NAME **Susan Sloane**
 STREET ADDRESS **1115 Riverside Drive**
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **D** ☐ Change ☒ Addition
 NAME **Thomas Williams**
 STREET ADDRESS **3 Monterey Way**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

916895



DO NOT WRITE IN THIS SPACE