2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # 748337 04-03-2001 90048 047 ****61.25 WELLINGTON PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 1000 WELLINGTON TRACE 1000 WELLINGTON TRACE C0040454 WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business A M 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 59-1896338 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent R.GregSmith 11491 E. Rambling De Street Address (P.O. Box Number is Not Acceptable) WHITE, PAUL F. 12096 SUGAR PINE TRAIL Wellingtont Zip Code WELLINGTON FL 33414 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 4 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, ☐ Addition TITLE TITLE ☐ Change Delete ת NAME TYLER, RICHARD NAME John Donegan STREET ADDRESS STREET ADDRESS 102 TANBARK TR 131 Parkwood Dr. CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL Royal Palm Beach Fl 3341 Change ☐ Delete ☐ Addition TITLE TITLE MCLAUGHLIN, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 13950 BARBERRY COURT CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL TITLE ☐ Delete TITLE ☐ Change ■ Addition DONEY, WILLIAM NAME NAME STREET ADDRESS 13702 EXOCTICA LABE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wellington FL TITLE Delete Change ☐ Addition ROEBKE, DONN NAME STREET ADDRESS 1361 PINETTA CIR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WELLINGTON FL 33414 TITLE Delete TITLE ☐ Change ☐ Addition SMITH, R. GREG NAME NAME STREET ADDRESS STREET ADDRESS 11491 E RAMBLING DR CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 3/18/01 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR