

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F94000003628****1. Entity Name**  
**PRESBYTERIAN CHURCH (U.S.A.) FOUNDATION, INCORPORATED****Principal Place of Business**  
200 EAST TWELFTH STREET  
JEFFERSONVILLE IN 47130**Mailing Address**  
200 EAST TWELFTH STREET  
JEFFERSONVILLE IN 47130**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**  
**23-1440115**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE FL  
323012525 US

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.****SIGNATURE** **04/17/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	CLAY RICHARD	2500 NATIONAL CITY TOWER	LOUISVILLE KY 40202	<input type="checkbox"/>
T	BELLATTI JAMES R	12 BRENTWOOD DR	STILLWATER OK 74075	<input type="checkbox"/>
SD	KIRKPATRICK CLIFTON	100 WITHERSPOON ST	LOUISVILLE KY	<input type="checkbox"/>
T	GISH TAMMY B	200 E TWELFTH ST	JEFFERSONVILLE IN	<input type="checkbox"/>
SRVD	MURPHY DENNIS J	200 EAST TWELFTH STREET	JEFFERSONVILLE IN 47130	<input type="checkbox"/>
PCEO	LEECH ROBERT E	200 EAST TWELFTH STREET	JEFFERSONVILLE IN 47130	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	ANDERSON KAREN C	P O BOX 6020	BEND OR 97702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert E. Leech** **PCEO** **04/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)