

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90086 014 \*\*\*\*61.25

**DOCUMENT # 701599**

1. Entity Name

**CONWAY PRESBYTERIAN CHURCH, INC.**

Principal Place of Business

**4300 LAKE MARGARET DRIVE  
ORLANDO FL 32812**

Mailing Address

**4300 LAKE MARGARET DRIVE  
ORLANDO FLA 32812-7318**

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

**59-2365355**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNELL, PHYLLIS  
309 E. COLONIAL DR  
ORLANDO FL 32801**

Name **David R. Krick**

Street Address (P.O. Box Number is Not Acceptable)  
**4271 Sturbridge Circle**

City **Orlando**

**FL**

Zip Code **32812-8067**

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

*Martha M. Krick*

**Martha M. Krick, Treasurer**

DATE

*01/24/2000*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CORNELL, PHYLLIS	
STREET ADDRESS	3050 BRANDYWINE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FELT, CAROL	
STREET ADDRESS	4300 LAKE MARGARET DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, WILLIAM	
STREET ADDRESS	3505 OAKWATER PT DR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David R. Krick	
STREET ADDRESS	4271 Sturbridge Circle	
CITY-ST-ZIP	Orlando, Florida 32812-8067	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha M. Krick	
STREET ADDRESS	4271 Sturbridge Circle	
CITY-ST-ZIP	Orlando, Florida 32812-8067	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence E. Lee	
STREET ADDRESS	3312 Ellen Drive	
CITY-ST-ZIP	Orlando, Florida 32806	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith B. Brown	
STREET ADDRESS	4111 Floralwood Court	
CITY-ST-ZIP	Orlando, Florida 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**Martha M. Krick, Treasurer**

**407/277-7320**

**407/275-7635**

SIGNATURE:

*Martha M. Krick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)