

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90030 013 \*\*\*\*61.25

**DOCUMENT # 701981**

1. Entity Name

**FIRST PRESBYTERIAN CHURCH**

Principal Place of Business

701 BEACH DR NE  
 ST PETERSBURG FL 33701

Mailing Address

701 BEACH DR NE  
 ST PETERSBURG FL 33701

**80040138**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-0640061**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIFLETT, D**  
**FIRST PRESBYTERIAN CHURCH**  
**701 BEACH DRIVE NE**  
**ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **KYLE BRINKMAN**  
 Street Address (P.O. Box Number is Not Acceptable) **701 BEACH DR NE**  
**FIRST PRESBYTERIAN CH**  
 City **St Petersburg FL** Zip Code **33701**

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-25-02**

**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	PT	<input checked="" type="checkbox"/> Delete
NAME	HEWITT, E. BRUCE	
STREET ADDRESS	12001 9TH ST N #3504	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	CULLEY, PAUL	
STREET ADDRESS	6635 BAYOU GRANDE BLVD NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	SST	<input type="checkbox"/> Delete
NAME	MULDER, MARY ANN	
STREET ADDRESS	6498 24TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wanless, Bill	
STREET ADDRESS	3816 40th Avenue N	
CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wohlwend, Allen	
STREET ADDRESS	3160 Walnut Street	
CITY-ST-ZIP	St. Petersburg, FL 33704	
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		
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.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/02**

Date

Daytime Phone #

CR2E037 (9/01)