

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90091 013 ****61.25

DOCUMENT # 702013

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF DELRAY BEACH, FLORI
DA**

Principal Place of Business

Mailing Address

**33 GLEASON STREET
DELRAY BEACH FL 33483**

**33 GLEASON STREET
DELRAY BEACH FL 33483**

80105538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0830740

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**MOSS, ROBERT C
3952 GREEN FOREST DR
BOYNTON BEACH FL 33436**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BARDING, JERRY K**
STREET ADDRESS **711 SE 3RD ST**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE **TD** ☐ Delete
NAME **BARTHOLOMEW, A. P., JR.**
STREET ADDRESS **6665 N. OCEAN BLVD.**
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

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

TITLE **D** ☐ Delete
NAME **SOUDER, SUSANNA J**
STREET ADDRESS **555 BANYAN RD**
CITY-ST-ZIP **GULF STREAM FL 33483**

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

TITLE **DS** ☐ Delete
NAME **MOSS, ROBERT C**
STREET ADDRESS **3952 GREEN FOREST DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

TITLE **D** ☐ Delete
NAME **TANNER, ROBERT L**
STREET ADDRESS **103 ORCHARD RIDGE LANE**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **D** ☐ Delete
NAME **FISHER, JAMES DR.**
STREET ADDRESS **3619 SW 23RD ST**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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 REQUIRED
TREASURER

Date Daytime Phone #

4/30/02 561-276-6338

CR2E037 (9/01)