

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90020 016 \*\*\*\*61.25

**DOCUMENT # 703212**

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF PERRY, INC.**

Principal Place of Business

Mailing Address

P O BOX 837  
 310 PLANTATION RD  
 PERRY FL 32348

P O BOX 837  
 310 PLANTATION RD  
 PERRY FL 32348-0837

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 **59-1591156**

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

**FALTIN, CHARLES F.**  
~~110 RIDGE ROAD~~  
 X  
 PERRY FL 32347

Name

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

**213 PINELAND**

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 **CHARLES F. FALTIN**

*Charles F. Faltin*

**4/11/00**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MUSGOVE, DANIEL K</b>	
STREET ADDRESS	<b>1142 HINGSON TANNER RD</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE	<b>TP</b>	<input type="checkbox"/> Delete
NAME	<b>BASSETT, JAMES C.</b>	
STREET ADDRESS	<b>408 GLENRIDGE</b>	
CITY-ST-ZIP	<b>PERRY FL</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>FALTIN, CHARLES F.</b>	
STREET ADDRESS	<b>110 RIDGE RD.</b>	
CITY-ST-ZIP	<b>PERRY FL</b>	
TITLE	<b>TVP</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, J. MASON</b>	
STREET ADDRESS	<b>408 GLENRIDGE</b>	
CITY-ST-ZIP	<b>PERRY FL</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Charles F. Faltin* **JURED**

**4/11/00**

**850-584-9659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)