

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90139 030 ****61.25

DOCUMENT # 704240

1. Entity Name

NORTH PALM BEACH PRESBYTERIAN CHURCH, INC.



Principal Place of Business

**BOX 14248
717 PROSPERITY FARMS ROAD
N PALM BEACH FL 33408**

Mailing Address

**BOX 14248
717 PROSPERITY FARMS ROAD
N PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1516451**

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

**ELLIOTT, EDWARD L., III
8447 BEACONHILL RD
PALM BEACH GARDENS FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PASCHAL, JACK**
STREET ADDRESS **413 MARLIN RD**
CITY-ST-ZIP **N. PALM BCH FL 33408**

TITLE **D** ☐ Change ☒ Addition
NAME **Howard Marshall**
STREET ADDRESS **556 OVERLOOK DRIVE**
CITY-ST-ZIP **No. Palm Beach, FL 33408**

TITLE **CPD** ☐ Delete
NAME **HAWKINS, SCOTT G**
STREET ADDRESS **4349 HICKORY DR**
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **ve + PD** ☐ Change ☒ Addition
NAME **Hogan, Joanna**
STREET ADDRESS **4632 Juniper Lane**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **D** ☐ Delete
NAME **GINN, SHANNON**
STREET ADDRESS **878 LAKESIDE DR**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ Change ☒ Addition
NAME **Ryskamp, Kenneth**
STREET ADDRESS **16704 NARROWS DRIVE**
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE **SD** ☐ Delete
NAME **ELLIOTT, EDWARD L., III**
STREET ADDRESS **8447 BEACONHILL RD**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE **D** ☐ Delete
NAME **AYERS, J. DONALD**
STREET ADDRESS **174 BAYBERRY CIR**
CITY-ST-ZIP **JUPITER FL**

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

TITLE **TD** ☐ Delete
NAME **TALLEY, DAVID**
STREET ADDRESS **854 FATHOM RD**
CITY-ST-ZIP **NORTH PALM BCH FL**

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, and all other like empowered.

SIGNATURE: **David Talley** **REQUIRED**

7-31-03 (561) 622-8818

CR2E037 (4/03)