

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90094 021 \*\*\*\*61.25

80105004



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 704870**

1. Entity Name  
**THE FIRST PRESBYTERIAN CHURCH OF BOCA RATON, FLO**

Principal Place of Business      Mailing Address  
 600 W CAMINO REAL      600 W CAMINO REAL  
 BOCA RATON FL 33486      BOCA RATON FL 33486

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      Applied For  
**59-0895905**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FRENCH, SUSAN**  
**600 W CAMINO REAL**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE: Susan D. French Clerk of Session, Secretary of Corp.      08/23/00  
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      \$5.00 May Be      Make Check Payable to  
 After September 13, 2000 min. will be \$236.25      Trust Fund Contribution.      Added to Fees      Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCORMICK, KIRK REV	
STREET ADDRESS	600 W C AMINO REAL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEDRICK, GORDON	
STREET ADDRESS	600 WEST CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BETTERS, RONALD L	
STREET ADDRESS	328 KNOB HILL BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OSIMO, ANTHONY	
STREET ADDRESS	600 W CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPURGEON, JAY L	
STREET ADDRESS	2164 NW 8TH ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TREVARTHEN, WILLIAM	
STREET ADDRESS	778 CAMINO LAKES CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33486	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	DIRECTOR	<input checked="" type="checkbox"/> Change or <input checked="" type="checkbox"/> Addition
NAME	HILL, BARBARA	
STREET ADDRESS	2849 BANYAN BLVD. CIRCLE NW	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change or <input checked="" type="checkbox"/> Addition
NAME	BACKSTROM, ROBERT REV. DR.	
STREET ADDRESS	600 W. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change or <input checked="" type="checkbox"/> Addition
NAME	DENKLER, MARK	
STREET ADDRESS	320 NW 9TH STREET	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change or <input checked="" type="checkbox"/> Addition
NAME	LEE, JOANN	
STREET ADDRESS	7121 CUTTER COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33067	

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: Kirk McCormick (KIRK MCCORMICK)      8-23-00      (561)395-2811  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (5/00)