

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90017 023 \*\*\*\*61.25

**DOCUMENT # 704870**

1. Entity Name

**THE FIRST PRESBYTERIAN CHURCH OF BOCA RATON, FLO**

Principal Place of Business

600 W CAMINO REAL  
 BOCA RATON FL 33486

Mailing Address

600 W CAMINO REAL  
 BOCA RATON FL 33486

3 2 0 1 0 0



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

59-0895905

Applied For

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*

*March 1, 2001*

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCCORMICK, KIRK REV</b>	
STREET ADDRESS	<b>600 W C AMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HEDRICK, GORDON</b>	
STREET ADDRESS	<b>600 WEST CAMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, BARBARA</b>	
STREET ADDRESS	<b>2849 BANYAN BLVD CIRCLE NW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BACKSTROM, ROBERT R DR</b>	
STREET ADDRESS	<b>600 W CAMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DENKLER, MARK</b>	
STREET ADDRESS	<b>320 NW 9TH STREET</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, JOANN</b>	
STREET ADDRESS	<b>7121 CUTTER COURT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33067</b>	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

*SKIRK MCCORMICK* (KIRK McCormick) 3-1-01

Date

(561)395-2811

Daytime Phone #

CR2E037 (10/00)