

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90370 048 ****61.25

DOCUMENT # 704870

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF BOCA RATON, FLORIDA, INC.

Principal Place of Business

Mailing Address

600 W CAMINO REAL
 BOCA RATON FL 33486

600 W CAMINO REAL
 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

59-0895905

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

FRENCH, SUSAN
 500 W CAMINO REAL
 BOCA RATON FL 33486

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 Services, Sec. of Corp.* 05-03-02
 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|------------------------|----------------------------|------------------------|-------------------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| P | MCCORMICK, KIRK REV | 600 W C AMINO REAL | BOCA RATON FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| T | HEDRICK, GORDON | 600 WEST CAMINO REAL | BOCA RATON FL 33486 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | HILL, BARBARA | 2849 BANYAN BLVD CIRCLE NW | BOCA RATON FL 33431 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VP | BACKSTROM, ROBERT R DR | 600 W CAMINO REAL | BOCA RATON FL 33486 | <input checked="" type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | DENKLER, MARK | 320 NW 9TH STREET | DELRAY BEACH FL 33444 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | LEE, JOANN | 7121 CUTTER COURT | POMPANO BEACH FL 33067 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *SKENADON* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

561-395-2811

Date

Daytime Phone #

CR2E037 (9/01)