


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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90322 025 \*\*\*\*61.25

**DOCUMENT # 704870**

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



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

Mailing Address  
**600 W CAMINO REAL  
BOCA RATON FL 33486**



CHECK HERE IF MAKING CHANGES

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. 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**

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

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>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>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Harold, Fred</b>	
STREET ADDRESS	<b>2358 N.W. 29th Rd.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL. 33431</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Heck, Suzanne</b>	
STREET ADDRESS	<b>960 S.W. 17th Street</b>	
CITY-ST-ZIP	<b>Boca Raton, FL. 33486-6820</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vanden Broeck, Catherine</b>	
STREET ADDRESS	<b>23081 Via Stel</b>	
CITY-ST-ZIP	<b>Boca Raton, FL. 33433-3931</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cromie, Rev. Courtney B.</b>	
STREET ADDRESS	<b>770 E. Camino Real #4</b>	
CITY-ST-ZIP	<b>Boca Raton, FL. 33432-5126</b>	

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: Susan D. French **SAN D. French** 1/22/03 561-395-2811

CR2E037 (10/02)