

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

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90226 017 \*\*\*\*70.00

**DOCUMENT # 706591**

1. Entity Name  
**THE PINE SHORES PRESBYTERIAN CHURCH, INC.**



Principal Place of Business Mailing Address  
**6116 ELMWOOD AVENUE- 6135 Beechwood Ave. 6116 ELMWOOD AVENUE 6135 Beechwood Ave.**  
**SARASOTA FL 34231 SARASOTA FL 34231**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-0794839</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BAILIFF, BEVERLY J.</b>		Name	
<b>6116 ELMWOOD AVENUE</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>SARASOTA FL 34231</b>		City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COOKE, TRUDY</b> <b>1586 LANDINGS TERR</b> <b>SARASOTA FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GEORGE, EUGENE O.</b> <b>P.O. Box 49737</b> <b>SARASOTA FL 34230-6737</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>GEORGE, CLAUDIA K</b> <b>PO BOX 49031</b> <b>SARASOTA FL 34230-6031</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SEEGER, CARL C.</b> <b>7193 WOOD CREEK DR.</b> <b>SARASOTA, FL 34231-5539</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALTERS, ROBERT</b> <b>3856 WILSHIRE CIR W</b> <b>SARASOTA FL 34238-2572</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RINEHART, SANDRA S.</b> <b>700 FREELING DR.</b> <b>SARASTOA, FL 34242-1023</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LAYTON, L H</b> <b>1704 PELICAN COVE RD #TR139</b> <b>SARASOTA FL 34231-6702</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WITTER, THOMAS L</b> <b>5360 FOX RUN ROAD</b> <b>SARASOTA FL 34231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: EUGENE O. GEORGE, PRESIDENT**

**2-12-03**

Date Daytime Phone #

CR2E037 (10/02)