

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

0024469

DOCUMENT # 710691

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF TITUSVILLE, FLORIDA

04-20-2001 90012 031 ****61.25

Principal Place of Business 1235 S.PARK AVE. TITUSVILLE FL 32780	Mailing Address 1235 S.PARK AVE. TITUSVILLE FL 32780
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DO NOT WRITE IN THIS SPACE

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 59-0994325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ALLARD G. J
1235 S.PARK AVENUE
TITUSVILLE FL 32780**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 PT GRANTHAM, GEORGE STREET ADDRESS 1620 BANANA DR CITY-ST-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME VPT STRICKLAND, FRED STREET ADDRESS 1520 BLUEBERRY DRIVE CITY-ST-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME TRT HESTBECK, JOHN STREET ADDRESS 2026 KING RICHARD DR CITY-ST-ZIP TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME ST FAIREY, CHRIS STREET ADDRESS 2920 LAS PALMAS DR CITY-ST-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME CTT BROWN, DEBORAH STREET ADDRESS 3682 MUIRFIELD CITY-ST-ZIP TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME PT Grantham, George STREET ADDRESS 1620 Banana Dr. CITY-ST-ZIP Titusville, FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPT Gamble, Mary STREET ADDRESS 3509 Zaharis Place CITY-ST-ZIP Titusville, FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TRT Van Cott, Vicki STREET ADDRESS 190 E. Olmstead, H10 CITY-ST-ZIP Titusville, FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ST Wilhelm, Barbara STREET ADDRESS 4645 Dunsford Rd. CITY-ST-ZIP Titusville, FL 32796	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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: **SIGNATURE REQUIRED** *George R. Grantham* **921 268 8645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #