

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90037 035 ****61.25

DOCUMENT # 710691

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF TITUSVILLE, FLORIDA
, INC.**

Principal Place of Business

Mailing Address

**1235 S.PARK AVE.
TITUSVILLE FL 32780**

**1235 S.PARK AVE.
TITUSVILLE FL 32780**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0994325

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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

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 **PT** ☐ Delete
NAME **GRANTHAM, GEORGE**
STREET ADDRESS **1620 BANANA DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **PT** ☒ Change ☐ Addition
NAME **Vicki Van Cott**
STREET ADDRESS **190 E. Olmstead, H10**
CITY-ST-ZIP **Titusville, FL 32780**

TITLE **VPT** ☐ Delete
NAME **GAMBLE, MARY**
STREET ADDRESS **3509 ZABERIS PLACE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **VPT** ☒ Change ☐ Addition
NAME **A. W. Lockett**
STREET ADDRESS **3820 Valley Lane**
CITY-ST-ZIP **Titusville, FL 32780**

TITLE **TRT** ☐ Delete
NAME **VAN COTT,, VICKI**
STREET ADDRESS **190 E OLMSTEAD H10**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **TRT** ☒ Change ☐ Addition
NAME **Mary Gamble**
STREET ADDRESS **3509 Zaharis Place**
CITY-ST-ZIP **Titusville, FL 32780**

TITLE **ST** ☐ Delete
NAME **WILHELM, BARBARA**
STREET ADDRESS **4645 DUNSFORD ROAD**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **ST** ☒ Change ☐ Addition
NAME **Nancy Turkali**
STREET ADDRESS **1385 Golfview Drive**
CITY-ST-ZIP **Titusville, FL 32780**

TITLE **CTT** ☒ Delete
NAME **BROWN, DEBORAH**
STREET ADDRESS **3682 MUIRFIELD**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **VICKI VAN COTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 321-268-4557

Date

Daytime Phone #

CR2E037 (9/01)