

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90039 021 ****61.25

DOCUMENT # 711896

1. Entity Name

ST. PAULS PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

9600 WEST COLONIAL DRIVE
 OCOEE FL 34761
 US

9600 WEST COLONIAL DRIVE
 OCOEE FL 34761-6900
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7077304

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIGGINS, WILLIAM W
9119 MR. LINCOLN CRT.
ORLANDO FL 32818

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: **VD** Delete
 NAME: **HEINRICH, EARLA RICE**
 STREET ADDRESS: **209 SLADE DRIVE**
 CITY-ST-ZIP: **LONGWOOD FL**

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

TITLE: **SD** Delete
 NAME: **MILLS, BERYL**
 STREET ADDRESS: **1005 SAN DOMINGO RD.**
 CITY-ST-ZIP: **ORLANDO FL**

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

TITLE: **TD** Delete
 NAME: **JACQUELYN NESTOR**
 STREET ADDRESS: **1503 ISON LANE**
 CITY-ST-ZIP: **OCOEE FL 34761**

TITLE: **TD** Change Addition
 NAME: **William Cowles**
 STREET ADDRESS: **4914 Briar Oaks Circle**
 CITY-ST-ZIP: **Orlando FL 32808**

TITLE: **VD** Delete
 NAME: **GARAS, ANTHONY B**
 STREET ADDRESS: **1805 SARAZEN DR.**
 CITY-ST-ZIP: **ORLANDO FL**

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:

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 powers.

SIGNATURE: *Earla Rice Heinrich* **VD**

1/17/2000

407-293-3696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)