

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711896

AMENDED

1. Entity Name  
ST. PAULS PRESBYTERIAN CHURCH, INC.

FILED

01 JUN 19 PM 1:47

SECRETARY OF STATE

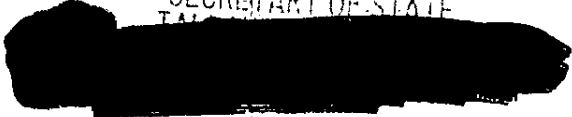
Principal Place of Business: 9600 WEST COLONIAL DRIVE, OCOEE FL 34761, US  
Mailing Address: 9600 WEST COLONIAL DRIVE, OCOEE FL 34761, US

2. Principal Place of Business: 1450 Citrus Oaks Ave, Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: Gotha, FL  
City & State: [Blank]  
Zip: 34734, Country: USA  
Zip: [Blank], Country: [Blank]

4. FEI Number: 23-7077304  
Applied For: [Blank]  
Not Applicable: [Blank]

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
HIGGINS, WILLIAM W  
9119 MR. LINCOLN CRT.  
ORLANDO FL 32818

7. Name and Address of New Registered Agent  
Name: [Blank]  
Street Address (P.O. Box Number is Not Acceptable): [Blank]  
City: [Blank] FL Zip Code: [Blank]

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	
TITLE: VD NAME: HEINRICH, EARLA RICE STREET ADDRESS: 209 SLADE DRIVE CITY-ST-ZIP: LONGWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: MILLS, BERYL STREET ADDRESS: 1005 SAN DOMINGO RD. CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: COWLES, WILLIAM STREET ADDRESS: 4914 BRIAR OAKS CIRCLE CITY-ST-ZIP: ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE: VD NAME: GARAS, ANTHONY B STREET ADDRESS: 1805 SARAZEN DR. CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: Bernard M. Dargin STREET ADDRESS: 7845 Shell bark Drive CITY-ST-ZIP: Orlando FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: O-ville Butch Flannery STREET ADDRESS: 813 Hansen Circle CITY-ST-ZIP: Ocoee FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PRESIDENT NAME: WILLIAM HIGGINS STREET ADDRESS: 9119 MR. LINCOLN COURT CITY-ST-ZIP: ORLANDO FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard M. Dargin 1-8-21 407-293-3696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)