

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90393 042 ****61.25

DOCUMENT # 711896

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



Principal Place of Business Mailing Address

**1450 CITRUS OAKS AVE
GOTHA FL 34734
US** **9600 WEST COLONIAL DRIVE
OCOEE FL 34761
US**

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 **23-7077304** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> Delete
NAME	DURGIN, BERNARD M
STREET ADDRESS	7845 SHELLBARK DRIVE
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	VD <input type="checkbox"/> Delete
NAME	FLANNERY, ORVILLE B
STREET ADDRESS	813 LANCER CIRCLE
CITY-ST-ZIP	OCOEE FL 34761
TITLE	TD <input type="checkbox"/> Delete
NAME	COWLES, WILLIAM
STREET ADDRESS	4914 BRIAR OAKS CIRCLE
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	P <input type="checkbox"/> Delete
NAME	HIGGINS, WILLIAM
STREET ADDRESS	9119 MR. LINCOLN COURT
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	SEC <input checked="" type="checkbox"/> Delete
NAME	MURRAY, SANDRA
STREET ADDRESS	9253 BATON ROUGE DRIVE
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Wallace
STREET ADDRESS	7991 Wellsmere Circle
CITY-ST-ZIP	Orlando FL 32835
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **BERNARD DURGIN** *Bernard Durgin* 4/25/03 407-293-3696

CR2E037 (10/02)