2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003
Secretary of State

DOCUMENT# 712001

Entity Name: PRESBYTERIAN SPECIAL SRVICES, INC.

Current Principal Place of Business:

3395 GRAND AVENUE
GLENWOOD, FL 32722

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220036
GLENWOOD, FL 32722

New Mailing Address:

FEI Number: 59-1159090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, W BLAKE
3395 N. GRAND AVE.
GLENWOOD, FL 32722 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CATHERS, MARGARET	
Address:	372 BELLA VISTA	
City-St-Zip:	EDGEWATER, FL 32141	
Title:	C	( ) Delete
Name:	SANDERS, EDWIN P.B.	
Address:	120 W. INDIANA, SUITE 207	
City-St-Zip:	DELAND, FL	
Title:	D	( ) Delete
Name:	BIRDSALL, WILLIAM	
Address:	36340 VIA MARCIA RD.	
City-St-Zip:	FRUITLAND PARK, FL 34740	
Title:	D	( ) Delete
Name:	MARTIN, WILMA	
Address:	1351 GREENLAND TERRANCE	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	WEIGEL, ALLYN	
Address:	ISLAND GROVE DRIVE	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	YEH, CHARLES	
Address:	9800 SW 3RD CT	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN P.B. SANDERS C 01/24/2003

Electronic Signature of Signing Officer or Director — Date

GAEL, ART - D
P.O. BOX 1803
BELLEVIEW, FL 34421-1803

BRUNS, CAROLLE - D
40 MEADOWOOD TRAIL
DELAND, FL 32724

AITKEN, ROBERT - V/C
3022 TURTLE DOVE TRAIL
DELAND, FL 32724