

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2002 8:00 am
Secretary of State**

02-20-2002 90084 001 ****61.25

DOCUMENT # 714987

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF PORT RICHEY, INC.

Principal Place of Business

Mailing Address

**7540 RIDGE RD
PORT RICHEY FL 34668****7540 RIDGE RD
PORT RICHEY FL 34668**

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

59-1638754

Applied For

Not Applicable

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****PALMESE, MARTHA
9211 GLEN MOOR LANE
PORT RICHEY FL 34668**

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 \$61.259. 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 **T** ☐ Delete
NAME **WESTRATE, HAROLD**
STREET ADDRESS **9444 STONEWALL LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☒ Delete
NAME **MCGEE, EDWIN**
STREET ADDRESS **6232 BAYSIDE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**TITLE **T** ☐ Change ☒ Addition
NAME **HARRINGTON, DAVID**
STREET ADDRESS **11000 Salt Tree Drive**
CITY-ST-ZIP **Port Richey, FL 34668**TITLE **T** ☐ Delete
NAME **PALMESE, MARTHA**
STREET ADDRESS **9211 GLEN MOOR LN**
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☐ Delete
NAME **KEMPF, ROBERT**
STREET ADDRESS **8105 BULL RUN DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Delete
NAME **HOOPES, JEAN**
STREET ADDRESS **8835 KIPLING AVE**
CITY-ST-ZIP **HUDSON FL 34667**TITLE **T** ☐ Change ☒ Addition
NAME **MONTALDI, CAROL**
STREET ADDRESS **9311 Hilltop Drive**
CITY-ST-ZIP **New Port Richey, FL 34654**TITLE **TP** ☐ Delete
NAME **LEATHERBERRY, DOROTHY V**
STREET ADDRESS **6220 TOWER DR**
CITY-ST-ZIP **HUDSON FL 34667**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:**REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Palmese

1/25/02

(727) 841-7337

Date

Daytime Phone #

CR2E037 (9/01)