

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90113 010 ****61.25

DOCUMENT # 718856

1. Entity Name

THE WARRINGTON PRESBYTERIAN CHURCH



Principal Place of Business

**406 S NAVY BLVD
PENSACOLA FL 32507-3331**

Mailing Address

**406 S NAVY BLVD
PENSACOLA FL 32507-3331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

Zip

32507-3331

Country

FL

Zip

Same

Country

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

**LARKIN, C. NED
2324 GRUNDY STREET
PENSACOLA FL 32507**

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

6 APR 1 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
NAME **TRIPP, DONALD**
STREET ADDRESS **10100 HILLVIEW RD #101**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **Sec.** ☐ Change ☒ Addition
NAME **Desteli, Lu...**
STREET ADDRESS **10594 Fair Pine Dr.**
CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **D** ☐ Delete
NAME **DENTON, DORIS**
STREET ADDRESS **619 WOODSMAN DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D** ☐ Change ☒ Addition
NAME **Williams, Jere**
STREET ADDRESS **10574 Fair Pine Dr.**
CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **VP** ☐ Delete
NAME **HANSEN, JAMES E**
STREET ADDRESS **200 RENTZ AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **P** ☐ Delete
NAME **LARKIN, C. NED**
STREET ADDRESS **2324 CRUNDY STREET**
CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **D** ☒ Delete
NAME **ALFORD, KAY**
STREET ADDRESS **5292 KENSINGTON PLACE**
CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **D** ☐ Delete
NAME **BODDY, MICHAEL**
STREET ADDRESS **708 COLEMO PLACE DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32526**

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:

SIG

4/7/03 850-455-0301

CR2E037 (10/02)