

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720578

1. Entity Name

FAITH PRESBYTERIAN CHURCH OF DUNEDIN, FLORIDA, I

Principal Place of Business

5 PATRICIA AVENUE  
DUNEDIN FL 34698

Mailing Address

5 PATRICIA AVENUE  
DUNEDIN FL 34698-8102

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

59-1090982

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

MCSWAIN, NANCY L  
1929 VALENCIA WAY  
CLEARWATER FL 33764

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEBB, MITCHELL W	
STREET ADDRESS	1779 RANCHWOOD DR S	
CITY-ST-ZIP	DUNEDIN FL 34698-5513	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLBY, MARTHA E	
STREET ADDRESS	1861 DOUGLAS AVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FULTON, GRACE	
STREET ADDRESS	1926 SOUVENIR DR	
CITY-ST-ZIP	CLEARWATER FL 33755-1530	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEEBE, EUNICE A	
STREET ADDRESS	1961 ALLARD DR	
CITY-ST-ZIP	CLEARWATER FL 33763-2205	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCSWAIN, NANCY L	
STREET ADDRESS	1929 VALENCIA WAY	
CITY-ST-ZIP	CLEARWATER FL 33764-6627	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRAUTWEIN, WILLIAM T	
STREET ADDRESS	1949 LOS LOMAS DR	
CITY-ST-ZIP	CLEARWATER FL 33763-4117	

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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN TULENKO D	
STREET ADDRESS	2637 CEDAR VIEW CT.	
CITY-ST-ZIP	CLEARWATER, FL 33761-3710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE McCULLOUGH D	
STREET ADDRESS	980 7TH ST. N.W. Lot #22	
CITY-ST-ZIP	LARGO, FL 33770-1152	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MITCHELL W. WEBB 2/8/2000 727-733-5591

CR2E037 (9/99)

FILED  
Feb 21, 2000 8:00 am  
Secretary of State

02-21-2000 90019 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE