

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90146 047 \*\*\*\*61.25

**DOCUMENT # 720578**

1. Entity Name

**FAITH PRESBYTERIAN CHURCH OF DUNEDIN, FLORIDA, I NC.**

Principal Place of Business

Mailing Address

**5 PATRICIA AVENUE  
DUNEDIN FL 34698**

**5 PATRICIA AVENUE  
DUNEDIN FL 34698**

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** ☒ Delete  
NAME **WEBB, MITCHELL W**  
STREET ADDRESS **1779 RANCHWOOD DR S**  
CITY-ST-ZIP **DUNEDIN FL 34698-5513**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Donald, Herbert L.**  
STREET ADDRESS **1856 Pasadena Dr.**  
CITY-ST-ZIP **Dunedin, FL 34698-3321**

TITLE **VD** ☒ Delete  
NAME **DONALD, HERBERT L**  
STREET ADDRESS **1856 PASADENA DR.**  
CITY-ST-ZIP **DUNEDIN FL 34698-3321**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Ammons, Dixie L.**  
STREET ADDRESS **2052 Los Lomas Dr.**  
CITY-ST-ZIP **Clearwater, FL 33763-4118**

TITLE **STD** ☒ Delete  
NAME **FULTON, GRACE**  
STREET ADDRESS **1926 SOUVENIR DR**  
CITY-ST-ZIP **CLEARWATER FL 33755-1530**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Tulenko, Helen R.**  
STREET ADDRESS **2637 Cedar View Court**  
CITY-ST-ZIP **Clearwater, FL 33761-3710**

TITLE **D** ☒ Delete  
NAME **TULENKO, HELEN**  
STREET ADDRESS **2637 CEDAR VIEW CT.**  
CITY-ST-ZIP **CLEARWATER FL 33763-2205**

TITLE **D** ☐ Change ☒ Addition  
NAME **Towns, Thomas G.**  
STREET ADDRESS **2225 Cypress Point Dr. East**  
CITY-ST-ZIP **Clearwater, FL 33763**

TITLE **D** ☒ Delete  
NAME **MCSWAIN, NANCY L**  
STREET ADDRESS **1929 VALENCIA WAY**  
CITY-ST-ZIP **CLEARWATER FL 33764-6627**

TITLE **D** ☐ Change ☒ Addition  
NAME **Carey, Mary Ann**  
STREET ADDRESS **703 Stonehenge Way**  
CITY-ST-ZIP **Palm Harbor, FL 34683-6349**

TITLE **D** ☐ Delete  
NAME **MARTIN, FRED S**  
STREET ADDRESS **2451 CANADIAN WAY, APT 49**  
CITY-ST-ZIP **CLEARWATER FL 33763-3747**

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Helen R. Tulenko**

**1/14/02**

**727-893-8111, E.7072**

Daytime Phone #

CR2E037 (9/01)