# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 09, 2000 8:00 am**
**Secretary of State**
05-09-2000 90039 045 ****61.25

DOCUMENT # 722682

1. Entity Name

COMMUNITY PRESBYTERIAN CHURCH OF ENGLEWOOD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 405 S MCCALL ROAD<br>ENGLEWOOD FL 34223 | 405 S MCCALL ROAD<br>ENGLEWOOD FL 34223-3628 |

DO NOT WRITE IN THIS SPACE

| 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 59-0651079 ☐ 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 |
|---|---|
| GILLESPIA, JEAN<br>1706 WALDEN CT<br>ENGLEWOOD FL 34224 | Name MURDOCK, ANNE<br>Street Address (P.O. Box Number is Not Acceptable) 428 CYPRESS FOREST DR<br>City ENGLEWOOD **FL** Zip Code 34223 |

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 Anne McK. Murdock
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HOFFMANN, FREDERIK C<br>216 MARK TWAIN LANE<br>ROTOVDA WEST FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MURDOCK, ANNE<br>428 CYPRESS FOREST DR<br>ENGLEWOOD, FL. 34223 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>COBURN, MARGERY<br>300 N. DR<br>ENGLEWOOD FL 34223 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GILLESPIE, JEAN<br>1706 WALDEN CT<br>ENGLEWOOD FL 34224 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MORROW, KEITH<br>9271 LAKE DRIVE<br>ENGLEWOOD FL 34224 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 4/25/00 941-474-9579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #