2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90202 018 ****61.25

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DOCUMENT # 722682

1. Entity Name

COMMUNITY PRESBYTERIAN CHURCH OF ENGLEWOOD, INC.

633533

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
405 S MCCALL ROAD ENGLEWOOD FL 34223	405 S MCCALL ROAD ENGLEWOOD FL 34223

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
MURDOCK, ANNE 428 CYPRESS FOREST DRIVE ENGLEWOOD FL 34223	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 Anne McK. Murdock 3/8/01

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 HOFFMANN, FREDERIK C 216 MARK TWAIN LANE ROTOVDA WEST FL	☐ Delete	PD FOSTER. IRVIN 6796 GASPARILLA PNS BLVD #53 GROVE CITY, FL 34224	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COBURN, MARGERY 300 N. DR ENGLEWOOD FL 34223	☑ Delete	VPD COOK, MARK 210 MEREDITH DR. ENGLEWOOD, FL 34223	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURDOCK, ANNE CYPRESS FOREST DRIVE ENGLEWOOD FL 34223	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORROW, KEITH 9271 LAKE DRIVE ENGLEWOOD FL 34224	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 FREDERIK C. HOFFMANN 941-474-9579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #