

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723105

1. Entity Name

WESTMINSTER PRESBYTERIAN CHURCH OF FORT WALTON B

Principal Place of Business

2 WOODHAM ST  
FT WALTON BCH FL 32547

Mailing Address

2 WOODHAM ST  
FT WALTON BCH FL 32547

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

59-0943260

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

BOSWELL, KENNETH M.  
208 STILLWATER COVE  
DESTIN FL 32541

Name

John R Linn Jr.

Street Address (P.O. Box Number is Not Acceptable)

783 E. Miracle Strip

City

Mary Esther

FL

Zip Code

32569

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 John R. Linn, Jr.

1/31/01

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 PCD  
NAME BOSWELL, STEVE  
STREET ADDRESS 331 ANTIQUA WAY  
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

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

TITLE VCD  
NAME SEAY, RANDY  
STREET ADDRESS 834 OVERBROOK DR  
CITY-ST-ZIP FORT WALTON BCH FL 32547 ☐ Delete

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

TITLE TD  
NAME BOSWELL, KEN  
STREET ADDRESS 308 STILLWATER COVE  
CITY-ST-ZIP DESTIN FL 32541 ☒ Delete

TITLE TD  
NAME Linn, John  
STREET ADDRESS 783 E. Miracle Strip Hwy.  
CITY-ST-ZIP Mary Esther FL 32569 ☒ Change ☐ Addition

TITLE S  
NAME HIGHERS, TED  
STREET ADDRESS 228 MARSHALL DRIVE NE  
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ 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:

John R Linn Jr

1/31/01

(850) 862-6822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)