

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90042 002 ****61.25

DOCUMENT # 725518

1. Entity Name

THE NEW PHILADELPHIA PRESBYTERIAN CHURCH INC

Principal Place of Business

Mailing Address

726 S ADAMS ST
 QUINCY FL 32351
 US

PO BOX 344
 QUINCY FL 32353
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2470478

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

BRUNSON, LESLIE
101 N BETLINET DR
QUINCY FL 32351

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 NAME	SD STEWART, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	246 DUPONT ST QUINCY FL	
TITLE NAME	TD BRUNSON, LESLIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	101 N BETLINET QUINCY FL	
TITLE NAME	PD QUINTON, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1007 BELLAMY DR QUINCY FL	
TITLE NAME	VD BRUNSON, RONNIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	24 W. BAY ST QUINCY FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ronnies Signature* **RONNIE A. BRUNSON** 3/16/02 850-627-7688
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)