

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

05-02-2002 90123 014 ****61.25

DOCUMENT # 726564

1. Entity Name

PINELANDS CONTINUING PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

**CHURCH, INC.
 10201 BAHIA DRIVE
 MIAMI FL 33189**

**CHURCH, INC.
 10201 BAHIA DRIVE
 MIAMI FL 33189**

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

59-0993237

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

**LESHER, ROBIN
 10201 BAHIA DR
 MIAMI FL 33189**

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 STREET ADDRESS CITY-ST-ZIP	PD KENYON, HANK 22990 SW 156TH AVE MIAMI FL 33170	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, MICHAEL 10845 SW 168 TERR MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESTSCOTT, GLEN 9299 MARTINQUE DR MIAMI FL 33189	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rich Kern 23050 SW 156th Avenue Miami, Fl 33170	VD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Waters 18821 SW 97th Avenue Miami, Fl 11357	PD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leo Fuentes 20160 SW 316th Street Miami, Fl 33030	SD <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Gyatt 1021 Adams Ave Unit 6 Homestead 33034	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

GR2E037 (9/01)

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

April 17, 02
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE