

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90072 046 ****61.25

DOCUMENT # 729528

1. Entity Name

WESTMINSTER PRESBYTERIAN CHURCH OF DELAND, FLORI

Principal Place of Business

1313 W. NEW YORK AVE
P.O. BOX 1106
DELAND FL 32721

Mailing Address

P O BOX 1106
DELAND FL 32721
US

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

59-1511543

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

PEENE, MILDRED S. (MRS.)

12
DE

Name

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

City

FL

Zip Code

8. The

ts registered office or registered agent, or both, in the state of Florida.

SIGN

NOTE: Registered Agent signature required when reinstating)

DATE

Sign Financing
tribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10.

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP

PT
BROWN, GEORGE
600 N BOUNDARY AVE, APT 107D
DELAND FL 32720

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

D
DAVIS, JERROLD
3130 TURTLE DOVE TRAIL
DELAND FL 32724

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-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:

Mildred S. Peene
Mildred S. Peene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

904-736-6926

Date

Daytime Phone #

CR2E037 (10/00)