

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732954

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF HOMESTEAD, INC.

Principal Place of Business

47 N.W. 16TH STREET
HOMESTEAD FL 33030

Mailing Address

47 N.W. 16TH STREET
HOMESTEAD FL 33030

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MUNZ, MARY ANNE
23600 S. W. 162 AVENUE
HOMESTEAD FL 33031

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME MUNZ, MARY ANNE
STREET ADDRESS 23600 S.W. 162 AVENUE
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE VD ☒ Delete
NAME GIESE, DONALD
STREET ADDRESS 17995 S.W. 296 ST.
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE SECD ☒ Delete
NAME BISSELL, FRAN
STREET ADDRESS 14831 LINCOLN DR.
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD ☒ Change ☐ Addition
NAME Robert Douglas
STREET ADDRESS 29450 SW 185 CT.
CITY-ST-ZIP Homestead, FL 33030

TITLE ☒ Change ☐ Addition
NAME Joan Quartermaine
STREET ADDRESS 27703 SW 163 CT
CITY-ST-ZIP Homestead, FL 33031

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Joan Quartermaine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

305-246-4094

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)