

FILED  
Apr 21, 2003 8:00 am  
Secretary of State

02-06-2003 90111 029 \*\*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION  
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

55027967



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0803201

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD  
NAME Mary Anne Munz  
STREET ADDRESS Same  
CITY-ST-ZIP Same ☐ Change ☐ Addition

TITLE VD  
NAME DOUGLAS, ROBERT  
STREET ADDRESS 29450 SW 185 CT  
CITY-ST-ZIP HOMESTEAD FL 33030 ☒ Delete

TITLE VD  
NAME Frances Bissell  
STREET ADDRESS 14831 Lincoln Drive  
CITY-ST-ZIP Homestead, FL 33033 ☐ Change ☐ Addition

TITLE SECD  
NAME QUARTERMAINE, JOAN  
STREET ADDRESS 27703 SW 183 CT  
CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Delete

TITLE Sec/Treas.  
NAME Joan Quartermaine  
STREET ADDRESS Same  
CITY-ST-ZIP Same ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)