

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90045 032 ****61.25

DOCUMENT # 733106

1. Entity Name

WASHINGTON SHORES PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

3600 ROGERS DRIVE
ORLANDO FL 32805

3600 ROGERS DRIVE
ORLANDO FL 32805

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

59-1001091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, WILLIE
404 LIONEL AVENUE
ORLANDO FL 32805

Name

MCELVIN, EVELYN

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

4371 LAKE RICHMOND DRIVE

City ORLANDO

FL

Zip Code
32805

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

Evelyn McElvin

EVELYN MCELVIN

3-7-02

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 PD ☒ Delete
NAME NIBLACK, EARNEST
STREET ADDRESS 8607 ROSE VISTA AVE
CITY-ST-ZIP ORLANDO FL 32810

TITLE RD ☒ Change ☐ Addition
NAME MCELVIN, EVELYN
STREET ADDRESS 4371 LAKE RICHMOND DRIVE
CITY-ST-ZIP ORLANDO, FL 32805

TITLE VP ☒ Delete
NAME WILLIAMS, WILLIE
STREET ADDRESS 404 LIONEL AVENUE
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☒ Change ☐ Addition
NAME MITCHELL, EDGAR
STREET ADDRESS 535 VERN DRIVE
CITY-ST-ZIP ORLANDO, FL 32805

TITLE D ☐ Delete
NAME CUNNINGHAM, ARTHUR
STREET ADDRESS 1155 MLK DRIVE
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☐ Change ☐ Addition
NAME CUNNINGHAM, ARTHUR
STREET ADDRESS 1155 MLK DRIVE
CITY-ST-ZIP ORLANDO, FL 32805

TITLE D ☒ Delete
NAME SMITH, RALPH
STREET ADDRESS 4347 ARAJO COURT
CITY-ST-ZIP ORLANDO FL 32812

TITLE D ☐ Change ☒ Addition
NAME STOVES, MARY
STREET ADDRESS 201 SOUTH ORTMAN DRIVE
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D ☒ Delete
NAME NIBLACK, ELAINA
STREET ADDRESS 8607 ROSA VISTA AVENUE
CITY-ST-ZIP ORLANDO FL 32810

TITLE D ☐ Change ☒ Addition
NAME CROPP, MICHELLE
STREET ADDRESS 2823 SANTANA AVE.
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D ☒ Delete
NAME BROWN, LEONA
STREET ADDRESS 3701 CHANDLER STREET
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☐ Change ☒ Addition
NAME REED, ANDREW
STREET ADDRESS 3606 SPAULDING ROAD
CITY-ST-ZIP ORLANDO, FL 32805

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:

Evelyn McElvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-02

CR2E037 (9/01)