

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90228 026 ****61.25

DOCUMENT # 734778 1. Entity Name THE FIRST UNITED PRESBYTERIAN CHURCH OF EUSTIS, FLORIDA					
Principal Place of Business 117 SOUTH CENTER ST EUSTIS, FL 32726 US			Mailing Address 117 SOUTH CENTER ST EUSTIS, FL 32726 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0806973	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TULLEY, GERRI 2437 WAYCROSS AVENUE EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name BOYD, GAIL Street Address (P.O. Box Number is Not Acceptable) 3845 Goose Creek Road City Leesburg FL Zip Code 34788	
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 <u><i>Gail Boyd</i></u> DATE <u>February 25, 2005</u> Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ABBOTT, LARRY 35448 FOX RUN CIR. EUSTIS, FL 32736	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TULLEY, GERRI 2437 WAYCROSS AVE. EUSTIS, FL 32726	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYD, GAIL 3845 GOOSE CREEK ROAD LEESBURG, FL 34788 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROYCE, CYNTHIA 2930 WESTGATE DR. EUSTIS, FL 32726	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: <u><i>Gail Boyd</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>February 25, 2005</u> 357-2833 Date Daytime Phone #		

50020275



01062005 Chg-NP CR2E037 (10/03)