

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90140 037 ****61.25

DOCUMENT # 735275

1. Entity Name

THE ST. MARK'S PRESBYTERIAN CHURCH OF ALTAMONTE

Principal Place of Business

1021 PALM SPRINGS DRIVE
 ALTAMONTE SPRINGS FL 32701

Mailing Address

1021 PALM SPRINGS DRIVE
 ALTAMONTE SPRINGS FL 32701

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

59-1430655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, KAREN
616 ARCHIBALD AVE
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name **Charley Barger**

Street Address (P.O. Box Number is Not Acceptable)
5318 Poinsetta Ave.

City **Winter Park, FL**

FL

Zip Code
32792

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

Charles R Barger

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/2001

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 **PTR** ☐ Delete
 NAME **WOOD, EMILY C**
 STREET ADDRESS **1936 POINSETTA LANE**
 CITY-ST-ZIP **MAITLAND FL**

TITLE **T** ☐ Delete
 NAME **LONDON, MILDRED**
 STREET ADDRESS **713 SWAN LN**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **T** ☒ Delete
 NAME **GORE, FRANK**
 STREET ADDRESS **170 HILL TOP PLACE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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

TITLE ☐ Change ☒ Addition
 NAME **Ray Ferguson**
 STREET ADDRESS **578 Cape Cod Lane #107**
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Change ☒ Addition
 NAME **K. Gary Strong**
 STREET ADDRESS **114 Rose Briar Drive**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Change ☒ Addition
 NAME **Nancy Corwin**
 STREET ADDRESS **239 Timberlane Trace**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Change ☒ Addition
 NAME **Fred Mauk**
 STREET ADDRESS **720 Bucher Road**
 CITY-ST-ZIP **Maitland, FL 32751**

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:

Emily C Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01

Date

407-831-9714

Daytime Phone #

CR2E037 (10/00)