

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90064 018 ****61.25

DOCUMENT # 735381

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH - NICEVILLE, INC.

Principal Place of Business

Mailing Address

1800 JOHN SIMS PKWY
 NICEVILLE FL 32578

1800 JOHN SIMS PKWY
 NICEVILLE FL 32578-2338

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

59-1564822

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

SWAIN, MICHAEL
4557 NORTHRIDGE PL
NICEVILLE FL 32578

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEWIS, REGGIE	
STREET ADDRESS	P.O. BOX 721 N/A	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ROBERT	
STREET ADDRESS	710 PUTTER DR	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDER, RICHARD	
STREET ADDRESS	19 PEMBROKE COURT	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KANE, VINCENT	
STREET ADDRESS	604 REGATTA DR	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERBER, JAMES	
STREET ADDRESS	810 MAGNOLIA SHORES DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REILLY, NEIL	
STREET ADDRESS	3 MARINA COVE	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, in all other like empowered.

SIGNATURE: Vincent Kane, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

Date

850-678-2521

Daytime Phone #

CR2E037 (9/99)