

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90065 006 ****61.25

DOCUMENT # 740711

1. Entity Name

WEKIVA PRESBYTERIAN CHURCH, INC.

Principal Place of Business

211 WEKIVA SPRINGS LANE
LONGWOOD FL 32779

Mailing Address

211 WEKIVA SPRINGS LANE
LONGWOOD FL 32779

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

59-2070567

Applied For

Not Applicable

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

SUNNER, JOHN A.
190 MAGNOLIA LAKE CT
LONGWOOD FL 32779

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 NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, REGIS W SR 103 COVERIDGE LANE LONGWOOD FL 32779	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, ROBERT 111 WAYLAND CIRCLE LONGWOOD FL 32779	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILLENMEYER, GALE 962 INNSWOOD COURT LONGWOOD FL 32779	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGAMAN, PHYLLIS 216 COBLE DR LONGOWOD FL 32779	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIT, DIANE 2451 COUNTRY WIND COURT APOPKA FL 32703	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, PHIL 897 CUTLER RD LONGOWOD FL 32779	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALD B. BLACKADAR, JR. 174 VARSITY CIRCLE ALTAMONTE SPRINGS, FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GARY SMITH 809 RENAISSANCE PT. #205 ALTAMONTE SPRINGS, FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director PATRICIA BEERS 360 CADDIE DAINE DEBARY, FL 32713	☐ Change ☒ Addition
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:

SIC DONALD B. BLACKADAR, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2001

Date

407-831-3832

Daytime Phone # 167

CR2E037 (10/00)