2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State **DOCUMENT # 741800** 1. Entity Name FIRST PRESBYTERIAN CHURCH 03-25-2002 90190 013 ****61.25 Mailing Address Principal Place of Business 1780 HARTMAN ROAD 1780 HARTMAN ROAD FT PIERCE FL 34947 FT PIERCE FL 34947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0774183 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Number is Not Acceptable Street Address SMITH, JONI 1780 HARTMAN RD FORT PIERCE FL 34982 City 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 egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE PATACEK, LOUIS NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 6996 CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34948 ☐ Delete TITLE Change ☐ Addition NAME NAME HAYNES, PRICILLA STREET ADDRESS STREET ADDRESS 1014 TRINIDAD AVE CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL 34982 ☐ Addition TITLE TITLE ☐ Change Delete NAME DREXER, PAUL STREET ADDRESS STREET ADDRESS **4716 OLEANDY AVE** CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL 34986 TITLE D TITLE ☐ Change ☐ Addition Delete PELLERIN, ROBINA NAME NAME STREET ADDRESS STREET ADDRESS 5901 BUCHANAN DR. CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL , 🔽 Addition Director TITLE TITLE 💢 Delete NAME NAME Blancho STREET ADDRESS STREET ADDRESS 030m201 CITY-ST-ZIP CITY-ST-ZIP 1. Pier TITLE 🎞 Delete TITLE Change M Addition Director NAME NAME undallo Rd STREET ADDRESS STREET ADDRESS 80 SW CITY-ST-7IP FL 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

Kaik

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLANCHARD

Daytime Phone #

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

(9/01)