

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90190 013 ****61.25

DOCUMENT # 741800

1. Entity Name

FIRST PRESBYTERIAN CHURCH

Principal Place of Business

Mailing Address

**1780 HARTMAN ROAD
 FT PIERCE FL 34947**

**1780 HARTMAN ROAD
 FT PIERCE FL 34947**

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

59-0774183

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

**SMITH, JONI
 1780 HARTMAN RD
 FORT PIERCE FL 34982**

Name

Andrew Barr

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

1780 Hartman Rd

City

FL Pierce

FL

Zip Code

34947

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/02

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	T	<input type="checkbox"/> Delete
NAME	PATACEK, LOUIS	
STREET ADDRESS	P.O. BOX 6996	
CITY-ST-ZIP	FT. PIERCE FL 34948	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, PRICILLA	
STREET ADDRESS	1014 TRINIDAD AVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DREXER, PAUL	
STREET ADDRESS	4716 OLEANDY AVE	
CITY-ST-ZIP	FT PIERCE FL 34986	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PELLERIN, ROBINA	
STREET ADDRESS	5901 BUCHANAN DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Gary Blanchard	
STREET ADDRESS	1503 Wyoming Ave	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Carl Heaton	
STREET ADDRESS	380 SW Undallo Rd	
CITY-ST-ZIP	Port Saint Lucie, FL 34953	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Blanchard	
STREET ADDRESS	1503 Wyoming Ave	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Heaton	
STREET ADDRESS	380 SW Undallo Rd	
CITY-ST-ZIP	Port Saint Lucie, FL 34953	

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:

GARY L. BLANCHARD

3/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)