

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

009014

**DOCUMENT # 747595**

1. Entity Name

**GLENWOOD UNITED PRESBYTERIAN CHURCH, INC.**



05-01-2003 90314 006 \*\*\*\*61.25

Principal Place of Business

**3190 GRAND AVE  
GLENWOOD FL 32722  
US**

Mailing Address

**P.O. BOX 22031  
GLENWOOD FL 32722-0031  
US**

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 **59-0931264**

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

**DAVIS, GORDON  
1430 LEMON ST  
DELAND FL 32720**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P LUSK, ARCHIE**  
STREET ADDRESS **3230 GRAND AVE**  
CITY-ST-ZIP **GLENWOOD FL 32722**

*Archie Lusk*

TITLE ☐ Delete  
NAME **S RUSSI, KAREN**  
STREET ADDRESS **1409 MANOR WAY**  
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Delete  
NAME **T WISNER, HERBERT**  
STREET ADDRESS **1128 HEIDI COURT**  
CITY-ST-ZIP **DELAND FL**

TITLE ☐ Delete  
NAME **D WALKER, FRANCES**  
STREET ADDRESS **3137 WHISPER BLVD**  
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Delete  
NAME **D ECKHARDT, SAMUEL**  
STREET ADDRESS **1133 GLENWOOD RD.**  
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all other like empowered.

**SIGNATURE:** *Archie L. Lusk* **Archie L. Lusk**

4-28-03

386-734-8617

CR2E037 (10/02)