

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750458

1. Entity Name

HOBE SOUND COMMUNITY PRESBYTERIAN CHURCH, INCORPORATED

FILED

May 24, 2002 8:00 am  
Secretary of State

05-24-2002 91314 018 \*\*\*\*61.25

Principal Place of Business

11933 S.E. JUNO CRESCENT  
P.O. BOX 305  
HOBE SOUND FL 33455

Mailing Address

11933 S.E. JUNO CRESCENT  
P.O. BOX 305  
HOBE SOUND FL 33455

2. Principal Place of Business

11933 SE Juno Crescent

3. Mailing Address

P.O. Box 305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound FL 33455

City & State

Hobe Sound FL 33475

4. FEI Number

59-0966133

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARLOW, HERBERT  
8864 SE PELICAN ISLAND WAY  
HOBE ISLAND FL

Name

8885 SE Harbor Island Way

City

FL

Zip Code  
33455-3101

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 PTD ☐ Delete  
NAME BERLOW, HERBERT B  
STREET ADDRESS 8864 SE PELICAN ISLAND WAY  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE PTD ☒ Change ☐ Addition  
NAME BARLOW, HERBERT B  
STREET ADDRESS 8885 SE Harbor Island Way  
CITY-ST-ZIP Hobe Sound, FL 33455 ☐ Change ☐ Addition

TITLE VPD ☒ Delete  
NAME BANKS, CLARK  
STREET ADDRESS 9256 SE VENUS ST  
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE SD ☐ Delete  
NAME WILEY, DOROTHEA  
STREET ADDRESS 6275 SE CHARLESTON PLACE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE VPD ☐ Change ☒ Addition  
NAME David Shradar  
STREET ADDRESS 6946 SE Amendment St.  
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ASD ☐ Delete  
NAME CLARK, ANN  
STREET ADDRESS 9256 SE VENUS ST  
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete  
NAME BLAKE, ROBERT  
STREET ADDRESS 120 WINTER CLUB COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33410

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

TITLE ☐ Delete  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

772-546-5043

Daytime Phone #

CR2E037 (9/01)