

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90128 026 ****61.25

DOCUMENT # 753596

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF CRYSTAL RIVER, FLOR

Principal Place of Business

Mailing Address

FIRST PRESBYTERIAN CHURCH
 1501 SE HWY 19
 CRYSTAL RIVER FL 34429
 US

1501 SE HWY 19
~~1501 S.E. HWY 19~~
 CRYSTAL RIVER FL 34429
 US

00030320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1002443

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

YOUNG, WARREN C
5 SWEET WILLIAM CT
HOMOSASSA FL 34446

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: PD
 NAME: CANTERBUR, RUSSELL R
 STREET ADDRESS: 1689 N FOXBORO LOOP
 CITY-ST-ZIP: CRYSTAL RIVER FL
 Delete

TITLE: PD
 NAME: John Brehm
 STREET ADDRESS: 1601 SE 8th Ave, Lot 164
 CITY-ST-ZIP: Crystal River FL 34429
 Change Addition

TITLE: VD
 NAME: REILLY, JOHN J
 STREET ADDRESS: 1461 N ENDICOTT POINT
 CITY-ST-ZIP: CRYSTAL RIVER FL
 Delete

TITLE: VD
 NAME: Dick Bradley
 STREET ADDRESS: 6627 W Cannondale Drive
 CITY-ST-ZIP: Crystal River FL 34429
 Change Addition

TITLE: SD
 NAME: TOWNSEND, ALVIN
 STREET ADDRESS: 1430 N MAN O WAR DRIVE
 CITY-ST-ZIP: HERNANDO FL
 Delete

TITLE: SP
 NAME: Carolyn Hoskins
 STREET ADDRESS: 1 Canela Ct.
 CITY-ST-ZIP: Homosassa FL 34446
 Change Addition

TITLE: TD
 NAME: YOUNG, WARREN C
 STREET ADDRESS: 5 SWEET WILLIAM CT
 CITY-ST-ZIP: HOMOSASSA FL
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 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:

Warren C. Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren C. Young 3/8/2000
 Date

352/382-4418
 Daytime Phone #

CR2E037 (9/99)