

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90002 017 \*\*\*\*61.25

**DOCUMENT # 753596**

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF CRYSTAL RIVER, FLOR.**

*(Handwritten mark)*

**Principal Place of Business**  
 FIRST PRESBYTERIAN CHURCH  
 1501 SE HWY 19  
 CRYSTAL RIVER FL 34429  
 US

**Mailing Address**  
 1501 SE HWY 19  
 1501 S.E. HWY.19  
 CRYSTAL RIVER FL 34429  
 US

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 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**  **\$0.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 YOUNG, WARREN C  
 5 SWEET WILLIAM CT  
 HOMOSASSA FL 34448

**7. Name and Address of New Registered Agent**  
**Name** ELLEN BENTLEY  
**Street Address (P.O. Box Number is Not Acceptable)** 2828 WEST LAUREN ST.  
**City** LECANTO **FL** **Zip Code** 34461

**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** *X Ellen W. Bentley*

**DATE** 05/15/01

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW:**  
**FEES IS \$81.25**

**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**

<b>TITLE</b>	PD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	BRADIM, JOHN	
<b>STREET ADDRESS</b>	1601 SE 8TH AVE LOT 184	
<b>CITY-ST-ZIP</b>	CRYSTAL RIVER FL 34429	
<b>TITLE</b>	VD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	BRADLEY, DICK	
<b>STREET ADDRESS</b>	6627 W CANNONDALE DRIVE	
<b>CITY-ST-ZIP</b>	CRYSTAL RIVER FL 34429	
<b>TITLE</b>	SD	<input type="checkbox"/> Delete
<b>NAME</b>	HOSKINS, CAROLYN	
<b>STREET ADDRESS</b>	1 CAMELA ST	
<b>CITY-ST-ZIP</b>	HOMOSASSA FL 34448	
<b>TITLE</b>	TD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	YOUNG, WARREN C	
<b>STREET ADDRESS</b>	5 SWEET WILLIAM CT	
<b>CITY-ST-ZIP</b>	HOMOSASSA FL	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	ROGER CAROL DUMAS	
<b>STREET ADDRESS</b>	241 S. GARDENIA TERR.	
<b>CITY-ST-ZIP</b>	CRYSTAL RIVER, FL 34429	
<b>TITLE</b>	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	BEN SCHAEFFER	
<b>STREET ADDRESS</b>	10 LONGLEAF CT.	
<b>CITY-ST-ZIP</b>	HOMOSASSA, FL 34448	
<b>TITLE</b>	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	ELLEN BENTLEY	
<b>STREET ADDRESS</b>	2828 W. LAUREN ST.	
<b>CITY-ST-ZIP</b>	LECANTO, FL 34461	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 REQUIRED*

**DATE** 05/05/01

**Daytime Phone #** 352-746-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)