

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0087437

DOCUMENT # 753596

04-02-2002 90930 010 ****61.25

1. Entity Name

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

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**

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

59-1002443

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

**BENTLEY, ELLEN
~~2020 W. LAUREEN ST
 LECANTO FL 34461~~**

Name

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

1400 N. CASTLELAND TERRACE

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, ROGER CAROL	NAME	
STREET ADDRESS	291 S. GARDENIA TERR	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFFER, BEN	NAME	
STREET ADDRESS	10 LONG LEAF CT	STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSKINS, CAROLYN	NAME	
STREET ADDRESS	1 CAMELA ST	STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	ADDRESS ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, ELLEN	NAME	
STREET ADDRESS	2020 W. LAUREEN ST	STREET ADDRESS	1400 N. CASTLELAND TERRACE
CITY-ST-ZIP	LECANTO FL 34461	CITY-ST-ZIP	LECANTO, FL 34461
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

ELLEN W. BENTLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-746-1030

Daytime Phone #

CR2E037 (9/01)