

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90141 049 ****61.25



DOCUMENT # 753596
1. Entity Name
FIRST PRESBYTERIAN CHURCH OF CRYSTAL RIVER, FLORIDA, INC.

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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1002443**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BENTLEY, ELLEN
2828 W. LAUREEN ST
LECANTO FL 34461**

7. Name and Address of New Registered Agent
Name **GEORGE MCELVY**
Street Address (P.O. Box Number is Not Acceptable)
1035 N. APPALACHIAN TERRACE
City **CRYSTAL RIVER** FL Zip Code **34429**

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 *George McElvy* **GEORGE MCELVY, TREASURER** (NOTE: Registered Agent signature required when reinstating)
DATE **2-03-03**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUMAS, ROGER CAROL 291 S. GARDENIA TERR CRYSTAL RIVER FL 34429 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAEFFER, BEN 10 LONG LEAF CT HOMOSASSA FL 34446 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOSKINS, CAROLYN 1 CAMELA ST HOMOSASSA FL 34446 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENTLEY, ELLEN 1400 N CASTLELAND TERRACE LECANTO FL 34461 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT James T. Farnior 11930 W. Creekside Lane Homosassa, FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Elizabeth Welch 5 Cypress Run, #53C Homosassa, FL 34446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Bill McInnis 3 Lupiloma Ct. Homosassa, FL 34446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER George McElvy 1035 N. Appalachian Terr. Crystal River, FL 34429 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *George McElvy* **GEORGE MCELVY** DATE **2-03-03**

CR2E037 (10/02)