

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90082 013 ****61.25

DOCUMENT # 762971

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF PALM BAY, INC.

Principal Place of Business

Mailing Address

**1080 PORT MALABAR BLVD NE
 PALM BAY FL 32905**

**1080 PORT MALABAR BLVD NE
 PALM BAY FL 32905-5136**

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

59-2192645

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

**CLARY, NANCY W
 1080 PORT MALABAR BLVD NE
 PALM BAY FL 32906**

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 *Nancy W. Clary*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/14/00

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** Delete
 NAME **IRVINE, ART**
 STREET ADDRESS **2301 OAKLYN ST. NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE **PD** Change Addition
 NAME **RAY M&K INLEY**
 STREET ADDRESS **1509 SALAZAR ST. SE**
 CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **SD** Delete
 NAME **CARTER, RICHARD**
 STREET ADDRESS **465 EK DORADO AVE-SE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **KEEN, ROBERT M**
 STREET ADDRESS **768 AACHEN AVE NW**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **TD** Change Addition
 NAME **Keen, Robert M**
 STREET ADDRESS **1659 Country Cove Circle**
 CITY-ST-ZIP **Malabar, FL 32950**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Richard E. Carter* **RICHARD E. CARTER** **4/18/00 (321) 727-1948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)