

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 17, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762971**

1. Entity Name  
**FIRST PRESBYTERIAN CHURCH OF PALM BAY, INC.**

Principal Place of Business 1080 PORT MALABAR BLVD NE  PALM BAY FL 32905	Mailing Address 1080 PORT MALABAR BLVD NE  PALM BAY FL 32905
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

4. FEI Number  
**59-2192645**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE **09/17/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Delete <b>KEEN ROBERT M</b> <b>766 AACHEN AVE NW</b> <b>PLAM BAY FL 32907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Delete <b>CARTER RICHARD</b> <b>465 EK DORADO AVE SE</b> <b>PALM BAY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Delete <b>IRVINE ART</b> <b>2301 OAKLYN ST. NE</b> <b>PALM BAY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KEEN ROBERT M</b> <b>1659 COUNTRY COVE CIRCLE</b> <b>MALABAR FL 32950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KNAPP KEN</b> <b>2641 OAKHAVEN ST. NE</b> <b>PALM BAY FL 32905</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID <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)(f), 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: Robert M. Keen** TD **09/17/2001**

CR2E037 (11/00)