

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90173 007 ****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**

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

Carter, Richard E.

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

465 El Dorado Avenue, S.E.

City

Palm Bay

FL

Zip Code

32909

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

Richard E. Carter

02/26/02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNAPP, KEN	
STREET ADDRESS	2641 OAKHAVEN ST. NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARTER, RICHARD	
STREET ADDRESS	465 EK DORADO AVE SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEEN, ROBERT M	
STREET ADDRESS	1659 COUNTRY COVE CIRCLE	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dolin, Billie	
STREET ADDRESS	1012 Pineapple Avenue, N.E.	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13 MAR 02 321-258-6742

CR2E037 (9/01)