

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763411

1. Entity Name

PALM SPRINGS PRESBYTERIAN CHURCH, INC.

Principal Place of Business

6491 W. 2ND AVE
HIALEAH FL 33012

Mailing Address

6491 W. 2ND AVE
HIALEAH FL 33012-2680

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

59-0944374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLUAN, ROBERT
5721 W 3RD AVE
HIALEAH FL 33012

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

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 P
NAME MCCLUAN, ROBERT
STREET ADDRESS 5721 W 3RD AVE
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HINER, BARBARA
STREET ADDRESS CLERK OF SESSION, 511 W 40TH PLACE
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WINGETT, MARY
STREET ADDRESS 6510 W. 5 PLACE
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME EGGLESTON, JEANETTE
STREET ADDRESS 6560 W 24TH CT #14
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME JONES, CAROLE
STREET ADDRESS 290 E. 64TH STR
CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KING, LINDA
STREET ADDRESS 19626 E LAKE DR.
CITY-ST-ZIP HIALEAH FL ☒ Delete

TITLE
NAME Hudson, Shirley Elder
STREET ADDRESS 8085 W 14 AVE
CITY-ST-ZIP HIALEAH FL 33014 ☐ Change ☒ 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:

SIGNATURE REQUIRED Robert H. McCluan

Date

Daytime Phone #

CR05037 (0/00)