

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90033 007 ****61.25

DOCUMENT # 763411

1. Entity Name
PALM SPRINGS PRESBYTERIAN CHURCH, INC.

Principal Place of Business Mailing Address
6491 W. 2ND AVE **6491 W. 2ND AVE**
HIALEAH FL 33012 **HIALEAH FL 33012-2680**



DO NOT WRITE IN THIS SPACE

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

MCCLUAN, ROBERT
5721 W 3RD AVE
HIALEAH FL 33012

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**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	P	<input type="checkbox"/> Delete
NAME	MCCLUAN, ROBERT	
STREET ADDRESS	5721 W 3RD AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINER, BARBARA	
STREET ADDRESS	CLERK OF SESSION, 511 W 40TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINGETT, MARY	
STREET ADDRESS	6510 W. 5 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	S	<input type="checkbox"/> Delete
NAME	EGGLESTON, JEANETTE	
STREET ADDRESS	6560 W 24TH CT #14	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, CAROLE	
STREET ADDRESS	290 E. 64TH STR	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, LINDA	
STREET ADDRESS	19626 E LAKE DR.	
CITY-ST-ZIP	HIALEAH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hudson, Shirley Elder	
STREET ADDRESS	8085 W 14 AVE	
CITY-ST-ZIP	Hialeah FL 33014	

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 # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRP037 (0/00)