

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90091 023 ****61.25

DOCUMENT # 763411

1. Entity Name

PALM SPRINGS PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

**6491 W. 2ND AVE
HIALEAH FL 33012**

**6491 W. 2ND AVE
HIALEAH FL 33012**

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



DO NOT WRITE IN THIS SPACE

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 ☒ Delete
NAME **P HUDSON, SHIRLEY ELDR**
STREET ADDRESS **8685 W. 14TH AVE**
CITY-ST-ZIP **HIALEAH FL 33014**

☐ Change ☐ Addition
TITLE **Michael King**
STREET ADDRESS **333 Mallard Rd**
CITY-ST-ZIP **Weston, FLorida 33327**

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

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

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

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

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

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

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

☐ Change ☐ Addition
TITLE
NAME **Carole Jones**
STREET ADDRESS **7635 West 8th Avenue**
CITY-ST-ZIP **Hialeah, FL 33014**

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

☐ Change ☐ Addition
TITLE
NAME **Linda King**
STREET ADDRESS **333 Mallard Rd**
CITY-ST-ZIP **Weston, Florida 33327**

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* **Jeannette Eggleston** 2/14/305-823-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/2 Daytime Phone #