

2000 UNIFORM BUSINESS REPORT (UBR)

0006882

DOCUMENT # 766093

1. Entity Name

MAYPORT PRESBYTERIAN CHURCH, INC.

FILED

00 SEP 18 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1300 PALMER STREET
MAYPORT FL 32233
US

1300 PALMER STREET
MAYPORT FL 32233-2430
US

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

59-2333029

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

WILLIAMS, BETTY L.
109 NORTH STREET
NEPTUNE BCH. FL 32233

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.

Betty L. Williams Betty L. Williams

Sep. 11, 00

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	<input type="checkbox"/> Delete
NAME	FRANTZ, DOREEN E	
STREET ADDRESS	1643 EIGHTH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCHENDRY, RUTH	
STREET ADDRESS	207 COQUINA AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, BETTY L.	
STREET ADDRESS	109 NORTH STREET	
CITY-ST-ZIP	NEPTUNE BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOTHWELL, CLARA M	
STREET ADDRESS	2026 TENTH ST NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, JOYCE	
STREET ADDRESS	2223 ASPEN RIDGE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPRAGUE, STEPHEN	
STREET ADDRESS	5 STARFISH PL.	
CITY-ST-ZIP	PONTEVEDRA BEACH FL 32082	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003408282	
STREET ADDRESS	-09/28/00-01081-007	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAGUE, STEPHEN	
STREET ADDRESS	5 STARFISH PL	
CITY-ST-ZIP	PONTEVEDRA BEACH FL 32082	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOYCE	
STREET ADDRESS	2637 FRESNO DR	
CITY-ST-ZIP	JACKSONVILLE, FL #32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, SHIRLEEN B.	
STREET ADDRESS	3547 BROCKWAY RD.	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, LUCY C.	
STREET ADDRESS	1307 PALMER ST.	
CITY-ST-ZIP	MAYPORT, FL 32233	

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: *Betty L. Williams* Betty L. Williams

Sep. 11, 00

CR2E037 (9/99)