

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90128 003 ****61.25

DOCUMENT # 766093

1. Entity Name

MAYPORT PRESBYTERIAN CHURCH, INC.



Principal Place of Business

**1300 PALMER STREET
MAYPORT FL 32233
US**

Mailing Address

**1300 PALMER STREET
MAYPORT FL 32233
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

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

FRANCES SIMPKINS

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

17305 EAGLE BEND BLVD

City

JACKSONVILLE

FL

Zip Code

32226-1109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frances Simpkins

FRANCES SIMPKINS

3-20-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRANTZ, DOREEN E	
STREET ADDRESS	1643 EIGHTH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOWNEY, LUCY C	
STREET ADDRESS	1307 PALMER ST.	
CITY-ST-ZIP	MAYPORT FL 32233	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SPRAGUE, STEPHEN	
STREET ADDRESS	5 STARFISH PL	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOTHWELL, CLARA M	
STREET ADDRESS	2026 TENTH ST NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, JOYCE	
STREET ADDRESS	2637 FRESNO DR	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, SHIRLEEN B	
STREET ADDRESS	3547 BROCKWAY RD.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	

TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCES SIMPKINS	
STREET ADDRESS	17305 EAGLE BEND BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32226-1109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID FRANTZ	
STREET ADDRESS	1643 8th STREET S	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM RICHARDSON	
STREET ADDRESS	13780 HARBOR CREEK PL.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBECCA RICHARDSON	
STREET ADDRESS	13780 HARBOR CREEK PL.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2637 FRESCO DR.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAINE McMILLAN	
STREET ADDRESS	4412 RICHMOND PK Ct	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	

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:

Elaine McMillan **REQUIRED ELAINE McMILLAN**

3/18/03 9048214952

CR2E037 (10/02)