

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767071

1. Entity Name

COMMUNITY PRESBYTERIAN CHURCH, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90149 010 ****61.25

Principal Place of Business

830 PINEWOOD STREET
PO BOX 206
LIVE OAK FL 32060

Mailing Address

PO BOX 206
LIVE OAK FL 32064-0206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1511388

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILDING, RANDY L
1332 COLISEUM AVE
LIVE OAK FL 32060

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DPC
WILDING, RANDY L.
1332 COLISEUM AVE
LIVE OAK FL 32060

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DAT
RODGERS, MARK H.
11297 87TH RD
LIVE OAK FL

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
FORT, RON
11922 SW CR 249
JASPER FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVC
CALVITT, DICK
P.O. BOX 502 N/A
LIVE OAK FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
LEE, CAREY
PO BOX 873
LIVE OAK FL 32064

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MIERAS, LARRY
3944 166TH ST
LIVE OAK FL 32064

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
Neil Rissman
PO Box 1206
Live Oak, FL 32064

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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:

Randy L. Wilding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy L. Wilding
Date

904-362-2323
Daytime Phone #

CR2E037 (9/99)