

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90102 011 ****61.25

DOCUMENT # 767071

1. Entity Name

COMMUNITY PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

**830 PINWOOD STREET
 PO BOX 206
 LIVE OAK FL 32060**

**PO BOX 206
 LIVE OAK FL 32064**

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 **DPC** ☐ Delete
 NAME **WILDING, RANDY L.**
 STREET ADDRESS **1332 COLISEUM AVE**
 CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **D.** ☒ Delete
 NAME **RISSMAN, NEIL**
 STREET ADDRESS **PO BOX 1206**
 CITY-ST-ZIP **LIVE OAK FL 32064**

TITLE **D.** ☐ Change ☒ Addition
 NAME **RODGERS, MARK**
 STREET ADDRESS **11297. 89th Road**
 CITY-ST-ZIP **Live Oak, FL 32060**

TITLE **SD** ☐ Delete
 NAME **FERNALD, DAVID**
 STREET ADDRESS **7277 COUNTY ROAD 249**
 CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **DVC** ☐ Delete
 NAME **CALVITT, DICK**
 STREET ADDRESS **P.O. BOX 502 N/A**
 CITY-ST-ZIP **LIVE OAK FL**

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

TITLE **TD** ☐ Delete
 NAME **LEE, CAREY**
 STREET ADDRESS **PO BOX 873**
 CITY-ST-ZIP **LIVE OAK FL 32064**

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

TITLE **D** ☐ Delete
 NAME **MIERAS, LARRY**
 STREET ADDRESS **3944 166TH ST**
 CITY-ST-ZIP **LIVE OAK FL 32064**

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Randy L. Wilding 2/12/02 362-2323

CR2E037 (9/01)