

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91158 030 \*\*\*\*61.25

**DOCUMENT # 771121**  
 1. Entity Name  
**PARSONS MEMORIAL PRESBYTERIAN CHURCH OF YANKEETO**

Principal Place of Business      Mailing Address  
 5850 RIVERSIDE DR      P O BOX 6  
 YANKEETOWN FL 34498      YANKEETOWN FL 34498  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-6581628**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**CASON, DOROTHY C.**  
**5509 RIVERSIDE DRIVE**  
**YANKEETOWN FL 32698 34498**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIXON, DEE 15 MAGNOLIA AVE YANKEETOWN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JUDY 91 ALLEN AVE INGLIS FL 34449 <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMEY, CHERYL 39 PARK ST. INGLIS FL 34449 <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOROTHY C. CASON 5509 RIVERSIDE DR YANKEETOWN, FL 00000 <i>Treasurer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDANIEL, CHRYSITINE 10850 HWY 40 E INGLIS FL 34449 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENHERR, WILLIAM 4713 RIVERSIDE DR. YANKEETOWN FL 34498 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown, Donna 4260 W Woodlawn Dunnellon, FL 34433 <i>President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bobo, Elizabeth 18 Garden Mall Ct. Inglis, FL 34449 <i>Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carnicella, Tom 221 Cove Rd. Inglis, FL 34449 <i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for an 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: **Dorothy C. Cason**      SIGNATURE REQUIRED: *Dorothy C. Cason*      Date: **5-14-01**      Daytime Phone #: **352-447-2897**



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)