

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

5850 RIVERSIDE DR
 YANKEETOWN FL 34498
 US

Mailing Address

P O BOX 6
 YANKEETOWN FL 34498
 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

59-6581628

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

CASON, DOROTHY C.
5509 RIVERSIDE DRIVE

YANKEETOWN FL 32698 34498

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 resigning)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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*

5-14-01

352-447-2897

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)