

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771121

1. Entity Name

PARSONS MEMORIAL PRESBYTERIAN CHURCH OF YANKEETO
WN, FLORIDA, INC.

Principal Place of Business

Mailing Address

5850 RIVERSIDE DR
YANKEETOWN FL 34498
US

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

X

\$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

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 ☐ Delete
NAME P
STREET ADDRESS BRWON, DONNA
CITY-ST-ZIP 4260 W WOODLAEN
DUNNELLON FL 34433

TITLE ☐ Change ☒ Addition
NAME TREAS
STREET ADDRESS EVELYN A. CROUCH
CITY-ST-ZIP 11691 SE 195 LN
DUNNELLON, FL 34431

TITLE ☐ Delete
NAME D
STREET ADDRESS THOMAS, JUDY
CITY-ST-ZIP 91 ALLEN AVE
INGLIS FL 34449

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

TITLE ☐ Delete
NAME D
STREET ADDRESS TOOMEY, CHERYL
CITY-ST-ZIP 39 PARK ST.
INGLIS FL 34449

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

TITLE ☐ Delete
NAME T
STREET ADDRESS DOROTHY C. CASON
CITY-ST-ZIP 5509 RIVERSIDE DR
YANKEETOWN, FL 00000

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

TITLE ☐ Delete
NAME S
STREET ADDRESS BOBO, ELIZABETH
CITY-ST-ZIP 18 GARDEN MALL COURT
INGLIS FL 34449

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CARNICELLA, TOM
CITY-ST-ZIP 221 COVE ROAD
INGLIS FL 34449

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:

Evelyn A. Crouch

2-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)