## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT #809713** Mar 14, 2000 8:00 am Secretary of State 1. Entity Name BOARD OF NATIONAL MISSIONS OF PRESBYTERIAN CHURC 03-14-2000 90189 001 \*\*\*122.50 Principal Place of Business Mailing Address 200 E. 12TH ST. 200 E. 12TH ST. JEFFERSONVILLE IN 47130-3854 JEFFERSONVILLE IN 47130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Citvi& State 4. FEI Number 13-5562176 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition **PCEO** Change ☐ Defete TITLE TITLE Robert E. Leech CARR, LARRY D NAME NAME STREET ADDRESS STREET ADDRESS 200 E. 12TH ST. CITY-ST-ZIP CITY-ST-ZIP JEFFERSONVILLE IN 47130 TITLE ☐ Delete TITL F Change ☐ Addition MURPHY, DENNIS J NAME NAME STREET ADDRESS STREET ADDRESS 200 E. 12TH ST. CITY-ST-ZIP CITY-ST-ZIP JEFFERSONVILLE IN ☐ Change ☐ Addition ☐ Delete TITLE TITLE KIRKPATRICK, CLIFTON NAME NAME 100 WITHERSPOON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY Change ☐ Addition ☐ Delete TITLE TITLE GISH, TAMMY B NAME NAME STREET ADDRESS STREET ADDRESS 200 E 12TH ST CITY-ST-ZIP CITY-ST-ZIP JEFFERSONVILLE IN ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME BELLATTI. JAMES R NAME STREET ADDRESS STREET ADDRESS 12 BRENTWOOD DR CITY-ST-ZIP CITY-ST-ZIP STILLWATER OK 74075 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME CLAY, RICHARD NAME STREET ADDRESS 2500 NATIONAL CITY TOWER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40202 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