

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90040 018 ****61.25

DOCUMENT # C92000000013

1. Entity Name

**THE FIRST PRESBYTERIAN CHURCH OF LEESBURG, FLORI
DA**

Principal Place of Business

**200 S LONE OAK DRIVE
LEESBURG FL 34748**

Mailing Address

**P.O. BOX 491246
LEESBURG FL 34749-1246**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**POWELL, VIRGINIA M
1080 ISLAND WAY
LEESBURG FL 34748**

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

Virginia M. Powell, Clerk of Session

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

TITLE **PD** ☐ Delete
NAME **POWELL, VIRGINIA M.**
STREET ADDRESS **1080 ISLAND WAY**
CITY-ST-ZIP **LEESBURG FL**

TITLE **VD** ☒ Delete
NAME **THOMAS, DONNA**
STREET ADDRESS **1013 CYPRESS ST**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **TD** ☐ Delete
NAME **MILLER, E.F. JR.**
STREET ADDRESS **35911 LAKE UNITY NURSERY ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **S** ☒ Delete
NAME **BRAUN, DONNA**
STREET ADDRESS **P. O. BOX 490417**
CITY-ST-ZIP **LEESBURG FL 34749-0417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition
NAME **William Welch**
STREET ADDRESS **30 McHale Drive**
CITY-ST-ZIP **Leesburg, FL 34748**

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

TITLE **S** ☒ Change ☐ Addition
NAME **John Weber**
STREET ADDRESS **10349 Bay Street**
CITY-ST-ZIP **Leesburg, FL 34788**

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

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:

Virginia M. Powell

1-22-02 352-787-7165

CR2E037 (9/01)