

2001 UNIFORM BUSINESS REPORT (UBR)

S/

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-03-2001 91011 030 ****61.25

DOCUMENT # N00000004211

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF ALACHUA, INC.

Principal Place of Business

P.O. BOX 308
 ALACHUA FL 32616

Mailing Address

P.O. BOX 308
 ALACHUA FL 32616

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

59-1883043

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TAYLOR, VALERIE
14001 NW 166TH TERR.
ALACHUA FL 32615

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	OVERACKER, THOMAS	
STREET ADDRESS	19614 NW 190TH AVE.	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	STT	<input type="checkbox"/> Delete
NAME	TAYLOR, VALERIE	
STREET ADDRESS	14001 NW 166TH TERR.	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREEN, LELA	
STREET ADDRESS	12614 NW 69 TERR.	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONDIT, JAMES	
STREET ADDRESS	6135 NW 115TH PL.	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALL, WAYNE	
STREET ADDRESS	11929 NW 164TH TERR.	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, MILTON	
STREET ADDRESS	275 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

Valerie Taylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-873-8055

CR2E037 (10/00)