

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90157 041 \*\*\*\*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

**HAGAN, AVA N  
14001 NW 138 STREET  
P.O BOX 622  
ALACHUA FL 32616-0622**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PT OVERACKER, THOMAS**  
STREET ADDRESS **19614 NW 190TH AVE.**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

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

TITLE ☐ Delete  
NAME **S HAGAN, AVA N**  
STREET ADDRESS **14001 NW 138 STREET, P.O BOX 622**  
CITY-ST-ZIP **ALACHUA FL 32616-0622**

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

TITLE ☐ Delete  
NAME **T BONKEMEYER, GEORGE**  
STREET ADDRESS **1128 SW 154TH STREET**  
CITY-ST-ZIP **NEWBERRY FL 32669**

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

TITLE ☐ Delete  
NAME **T DANSBY, SCOTT**  
STREET ADDRESS **P.O BOX 122**  
CITY-ST-ZIP **ALACHUA FL 32616-0122**

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

TITLE ☐ Delete  
NAME **T LINDSEY, GLORIA**  
STREET ADDRESS **10506 NW 61 TERRACE**  
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE ☐ Delete  
NAME **T BAKER, MILTON**  
STREET ADDRESS **275 TURKEY CREEK**  
CITY-ST-ZIP **ALACHUA FL 32615**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/2003**

**386 462 1259**

Date

Daytime Phone #

CR2E037 (10/02)