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FILED
Jun 03, 2002 8:00 am
Secretary of State
05-17-2002 90043 025 ****61.25

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

DOCUMENT # N01000005025

1. Entity Name

Wakulla Presbyterian Church, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3389 Coastal Hwy	3389 Coastal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville, FL	City & State: Crawfordville FL
Zip: 32327 Country: USA	Zip: 32327 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0579-356 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard L. Rhea

Street Address (P.O. Box Number is Not Acceptable): 58 Cedar Ave

City: Crawfordville FL Zip Code: 32327

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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 (CP) T NAME Richard L. Rhea STREET ADDRESS 58 Cedar Ave CITY-ST-ZIP Crawfordville, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE (CP) T NAME Marilyn Crook STREET ADDRESS 190 Beaty Taff Drive CITY-ST-ZIP Crawfordville, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Anne Jarendt STREET ADDRESS 74 River Court CITY-ST-ZIP Crawfordville, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard L Rhea Richard L. Rhea 4-29-02 850 577-2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #