

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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90190 027 ****61.25

DOCUMENT # N01000005025

1. Entity Name

WAKULLA PRESBYTERIAN CHURCH, INC.



Principal Place of Business

**3389 COASTAL HWY
CRAWFORDVILLE FL 32327**

Mailing Address

**3389 COASTAL HWY
CRAWFORDVILLE FL 32327**

2. Principal Place of Business

3383 Coastal Hwy

Suite, Apt. #, etc.

3. Mailing Address

3383 Coastal Hwy

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0579356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RHEA, RICHARD
58 CEDAR AVE
CRAWFORDVILLE FL 32327**

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. 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RHEA, RICHARD	
STREET ADDRESS	58 CEDAR AVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CROOK, MARILYN	
STREET ADDRESS	190 VEATY TAFF DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARRENDT, ANNE	
STREET ADDRESS	44 RIVERCOURT	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Cook	
STREET ADDRESS	63 Summerwind Circle East	
CITY-ST-ZIP	Crawfordville, FL 32327	
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: *Richard L. Rhea* **Richard L. Rhea** **May 18, 2003** **850 577-2012**

CR2E037 (10/02)