

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000005319

1. Entity Name

RIVERSIDE PRESBYTERIAN CHURCH OF DAYTONA BEACH,
FLORIDA, INC.

Principal Place of Business

Mailing Address

801 N. HALIFAX AVENUE
DAYTONA BEACH FL 32118

801 N. HALIFAX AVENUE
DAYTONA BEACH FL 32118

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

592000426

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

PRATT, MARIAN C
50 SEA ISLAND DRIVE N
ORMOND BEACH FL 32176

Name

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

City

FL

Zip Code
32176

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME JANE KWIECKI
STREET ADDRESS 40 PLEASANT DR
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE VICE-PRESIDENT
NAME HARRY REYNOLDS
STREET ADDRESS 102 MEADOW BROOK CIRCLE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE SECRETARY
NAME DORIS HOGAN
STREET ADDRESS 258 HARTFORD AVE.
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE TREASURER
NAME JAY PIERCE
STREET ADDRESS 405 N. HALIFAX AVE. #110
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE
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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: T. DORIS HOGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-17-2002 90026 018 ****61.25

90899



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)