

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90218 044 ****70.00

DOCUMENT # N03439

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF DEBARY, INC

Principal Place of Business

Mailing Address

267 E Highbanks Rd
 Debary FL 32713
 US

267 E Highbanks Rd
 Debary FL 32713-2609
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6046987

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRESTON, BERNARD M.
3021 ETTA CIRCLE
DELTONA FL 32738

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D PRESTON, BERNARD M. 3021 ETTA CIRCLE DELTONA FL 32738	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, JANET R. 45 FORIDANA ROAD DEBARY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURLEE, SHIRLEY J. 28 JASMINE DRIVE DEBARY FL 32713	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, CARL 2400 PINE TREE CIRCLE DRIVE ORANGE CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGLER, CHARLES 640 HAYMAN COURT DEBARY FL 32713	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSTON, ALICE S 670 BISCAYNE DR. ORANGE CITY FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Fetzer, Frank 524 Saxon Blvd Deltona, FL 32725	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Hood, Mildred 704 Whipporwill Avenue Deltona, FL 32738	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)