

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

002074

DOCUMENT # N03439

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF DEBARY, INC

03-20-2001 90007 022 ****70.00

Principal Place of Business

Mailing Address

267 E Highbanks Rd
 Debary FL 32713
 US

267 E Highbanks Rd
 Debary FL 32713
 US

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

59-6046987

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/01

**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 ☐ Delete
 NAME **D PRESTON, BERNARD M.**
 STREET ADDRESS **3021 ETTA CIRCLE**
 CITY-ST-ZIP **DELTONA FL 32738**

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

TITLE ☐ Delete
 NAME **T FETZER, FRANK I**
 STREET ADDRESS **524 SAXON BLVD**
 CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE ☐ Delete
 NAME **D HOOD, MILDRED**
 STREET ADDRESS **704 WHIPPEREILL AVR**
 CITY-ST-ZIP **DELTONA FL 32738**

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

TITLE ☐ Delete
 NAME **D WATTS, CARL**
 STREET ADDRESS **2400 PINE TREE CIRCLE DRIVE**
 CITY-ST-ZIP **ORANGE CITY FL**

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

TITLE ☐ Delete
 NAME **D SIGLER, CHARLES**
 STREET ADDRESS **640 HAYMAN COURT**
 CITY-ST-ZIP **DEBARY FL 32713**

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

TITLE ☐ Delete
 NAME **S JOHNSTON, ALICE S**
 STREET ADDRESS **670 BISCAYNE DR.**
 CITY-ST-ZIP **ORANGE CITY FL**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 13, 2001

CR2E037 (10/00)