## 2002 UNIFORM BUSINESS REPORT (\*BR)

SIGNATURE:

Apr 21, 2002 8:00 am Secretary of State DOCUMENT # N03439 • 03-18-2002 90065 046 \*\*\*\*70.00 FIRST PRESBYTERIAN CHURCH OF DEBARY, INC Principal Place of Business Mailing Address 267 E HIGHBANKS RD 267 E HIGHBANKS RD 44040 DEBARY FL 32713 DEBARY FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6046987 Not Applicable Zip Country Zlo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ż Street Address (P.O. Box Number is Not Acceptable) PRESTON, BERNARD M. 3021 ETTA CIRCLE **DELTONA FL 32738** Zip Code City 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition TITLE NAME PRESTON, BERNARD M. NAME President STREET ADDRESS STREET ADDRESS 3021 ETTA CIRCLE CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** ☐ Delete TITLE Change ■ Addition TITLE FETZER, FRANK I NAME NAME. easurer STREET ADDRESS STREET ADDRESS 524 SAXON BLVD CITY-ST-ZIP CITY-ST: ZIP DELTONA-FL-32725 ☐ Addition TITLE ☐ Delete ☐ Change HOOD, MILDRED NAME STREET ADDRESS STREET ADDRESS 704 WHIPPEREILL AVR CITY-ST-ZIP CITY-ST-ZIF **DELTONA FL 32738** Frank Knight . Change Maddition 880 Lakeshore Drive Bo-Member TITLE Delete NAME NAME WATTS, CARL STREET ADDRESS 2400 PINE TREE CIRCLE DRIVE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **ORANGE CITY FL** ■ Delate TITLE TITLE NAME SIGLER, CHARLES NAME STREET ADDRESS 640 HAYMAN COURT STREET ADDRESS CITY-ST-782 CITY-ST-7IP DEBARY FL 32713 TITLE ☐ Delete TITLE JOHNSTON, ALICE S NAME NAME STREET ADDRESS STREET ADDRESS 670 BISCAYNE DR. ORANGE CITY FL 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

e S. Johnston

YED NAME OF BIGHING OFFICER OR DIRECTOR

FILED

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