

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90214 014 ****80.00

DOCUMENT # N03439

1. Entity Name
FIRST PRESBYTERIAN CHURCH OF DEBARY, INC



Principal Place of Business
**267 E HIGHBANKS RD
DEBARY FL 32713
US**

Mailing Address
**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**

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 **Otis Bowers**

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

2050 Gallagher Ave

City **Deltona**

FL

Zip Code

32725

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. **Otis Bowers**

SIGNATURE **Otis Bowers, President Trustees**

2-10-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PT.** ☒ Change ☒ Addition
NAME **Otis Bowers**
STREET ADDRESS **2050 Gallagher Ave.**
CITY-ST-ZIP **Deltona, FL 32725**

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

TITLE **DT** ☒ Change ☒ Addition
NAME **V. M. Arnett**
STREET ADDRESS **1089 Navel Orange Drive**
CITY-ST-ZIP **Orange City, FL 32763**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Mildred Hood**
STREET ADDRESS **704 Whipperwill Drive**
CITY-ST-ZIP **Deltona, FL 32764**

TITLE **D** ☐ Delete
NAME **KNIGHT, FRANK**
STREET ADDRESS **880 LAKESHORE DR**
CITY-ST-ZIP **ENTERPRISE FL 32725**

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

TITLE **D** ☐ Delete
NAME **TANSELLE, ROBERT**
STREET ADDRESS **421 GLEN ABBEY LANE**
CITY-ST-ZIP **DEBARY FL 32713**

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

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

TITLE **D/S** ☒ Change ☐ Addition
NAME **Alice S. Johnston**
STREET ADDRESS **670 Biscayne Drive**
CITY-ST-ZIP **Orange City, FL 32763**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 **Alice S. Johnston** **1/27/03 (386) 775-3752**

CR2E037 (10/02)