

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07684

1. Entity Name

PINE RIDGE PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

3900 S. HIAWASSEE RD.
ORLANDO FL 32835-6337

3900 S. HIAWASSEE RD.
ORLANDO FL 32835-6337

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

58-0063709

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

MEYER, GREG
1408 OAKLEY ST.
ORLANDO FL 32806

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 ☐ Delete
NAME D
STREET ADDRESS DAVID NETZORG
CITY-ST-ZIP 6861 TAMARIND CIRCLE
ORLANDO FL 32819

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BOYD PASTOOR
CITY-ST-ZIP 1664 SACKETT CIR.
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME 9107 Gallen Court
STREET ADDRESS
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Delete
NAME TD
STREET ADDRESS HUMPHREYS, WESLEY
CITY-ST-ZIP 1145 PALM COVE DRIVE
ORLANDO FL 32835

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MEYER, GREGORY
CITY-ST-ZIP 1408 OAKLEY ST.
ORLANDO FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MORRISON, RICHARD
CITY-ST-ZIP 6204 ORANGE COVE DR
ORLANDO FL 32819

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90031 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)