

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90053 037 ****61.25

DOCUMENT # N07684

1. Entity Name
PINE RIDGE PRESBYTERIAN CHURCH, INC.



Principal Place of Business

**3900 S. HIAWASSEE RD.
ORLANDO FL 32835-6337**

Mailing Address

**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

4. FEI Number **58-0063709**

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

**MEYER, GREG
1408 OAKLEY ST.
ORLANDO FL 32806**

Name

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

City

FL

Zip Code

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.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID NETZORG	
STREET ADDRESS	6861 TAMARIND CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD PASTOOR	
STREET ADDRESS	9107 GALLEON CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUMPHREYS, WESLEY	
STREET ADDRESS	1145 PALM COVE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, GREGORY	
STREET ADDRESS	1408 OAKLEY ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, RICHARD	
STREET ADDRESS	6204 ORANGE COVE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVESQUE, BOB	
STREET ADDRESS	5444 BAYBROOK AVE	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Lytle	
STREET ADDRESS	1972 Canyon Lake Circle	
CITY-ST-ZIP	Orlando FL 32835	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Pent	
STREET ADDRESS	1876 Blackwood Ave.	
CITY-ST-ZIP	Gotha, FL 34734	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Wesley Humphreys
Wesley Humphreys 1-9-03 (407) 23-6361

CR2E037 (10/02)