

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90187 022 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N12396

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF LIVE OAK, FLORIDA,
INC.**

Principal Place of Business

Mailing Address

**421 WHITE AVE
LIVE OAK FL 32060****P.O BOX 689
LIVE OAK FL 32064
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

59-2746027

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

**PAPAPETROU, J. DEAN
421 WHITE AVE
LIVE OAK FL 32060**

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 \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	MARSHBURN, WILLIAM	
STREET ADDRESS	421 WHITE AVENUE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	DTP	<input type="checkbox"/> Delete
NAME	TOWNSEND, WALLACE S.	
STREET ADDRESS	421 WHITE AVENUE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAPAPETROU, J. DEAN	
STREET ADDRESS	421 WHITE AVE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAPAPETROU, NANCY AUL	
STREET ADDRESS	421 WHITE AVE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32064	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32064	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32064	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP	
STREET ADDRESS	Burnett, Susan	
CITY-ST-ZIP	421 White Ave	
	LIVE OAK, FL 32064	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02 386/19-2733

CR2E037 (9/01)